

S. No. 2
DOM-5-43
Rev. 5-17-39
I. X36671

FILED JUN 4 1945
Registration District No. **17**

Primary Registration District No. **1002**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas city
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Memorial Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks
(Specify whether years, months or days)

In this community 24 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Kansas city
(If outside city or town limits, write "RURAL")

(d) Street No. 7200 Jarboe
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME Sam Dreiseszom

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex M. 5. Color W. 6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife Bertha 6. (c) Age of husband or wife if alive unk. years

7. Birth date of deceased April 2 1886
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>59</u>	<u>1</u>	<u>22</u>hr.min.

9. Birthplace Ukshawan Poland
(City, town, or county) (State or foreign country)

10. Usual occupation Jewelry merchant

11. Industry or business Retired

12. Name Phillip Dreiseszom

13. Birthplace Ukshawan Poland
(City, town, or county) (State or foreign country)

14. Maiden name Ukshawan

15. Birthplace Ukshawan
(City, town, or county) (State or foreign country)

16. (a) Informant Bertha Dreiseszom

(b) Address 7200 Jarboe St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-25-45
(Month) (Day) (Year)

(c) Place: burial or cremation Sheffield

18. (a) Signature of funeral director W. H. Holmes
(b) Address 5400 Woodland

19. (a) 5-25-45 (Date received local registrar) (b) Waldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1945 hour 2:00 minute — M.

21. I hereby certify that I attended the deceased from April 1st 1945, to May 24 1945
that I last saw him alive on May 23rd 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia 2 days

Due to Cancer of stomach and Pancreas

Due to —

Other conditions (Include pregnancy within 3 months of death) 46 lb

Major findings: Of operations Cancer of Stomach & Pancreas

Of autopsy —

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —

(b) Date of occurrence —

(c) Where did injury occur? —
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? —

23. Signature Dr. Joseph Ketchum (M. D. or other) M.D.
Address 1214 Health Bldg. Date signed 5-24-45

Duration —

PHYSICIAN

Underline the cause to which death should be charged statistically.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision.

Registered Apprentice No.

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.