

FILED DEC 19 1946

5056

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days
(Specify whether years, months or days) 23 years

In this community Eben W. Kresse
years, months or days

3. (a) PRINT FULL NAME Eben N. Kresse
3. (b) If veteran, name war no.
3. (c) Social Security No. none

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Velma Kresse
6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years 45 Months Days If less than one day hr. min.

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

10. Usual occupation Police Department

11. Industry or business X

12. Name John Kresse

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

14. Maiden name Violet Galpin

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

16. (a) Informant Mrs. Velma Kresse

(b) Address 1201 Washington, Kansas City, Mo.

(c) Date thereof 12-1-46
(Month) (Day) (Year)

(d) Place: burial or cremation Hamilton, Missouri

18. (c) Signature of funeral director Stine & McClure
(b) Address 3235 Gilham Plaza, K. C., Mo.

19. (a) 12-2-46 (Date received local registrar)
(b) Alfredine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1201 Washington
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1
year 46 hour 12 minute 22 A. M.

21. I hereby certify that I attended the deceased from Nov 18, 1946 to Dec 1, 1946
that I last saw him alive on Dec 1, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Glomerular nephritis

Due to

Due to

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations 130

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Wm W. Hart (M. D. or other) MD
Address Gen. Hosp. #1 Date signed.

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

COY. BY MOTHER FATHER

Feb. 17, 1947

48
3
8

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *J. Clair Shppard*
Licensed Embalmer No. *4179*
P. O. Address *K. C. Mo.*

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.

Death

State of Missouri
County of Jackson } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. _____
Local Registrar's No. 5056

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 18th day of December, 1946, before me appears _____

Mrs. Velma Kresse, who, upon her oath, states that the original record of ~~birth~~ death
for Chen N. Kresse, died 12-1-, 1946 in the State of
Missouri, and which was filed at Kansas City, Mo. on 12-2-, 1946, should be corrected as follows:

Item No. 2 should read Eben W. Kresse

Instead of _____ Eben N. Kresse

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Mrs. Velma Kresse Wife
Relationship.

1317 Erie, N. K. C. Mo.
Present Address.

Subscribed and sworn to before me this 18th day of December, 1946.

My Commission expires Oct. 20. 1947 Garrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

2h
10/20/46

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