

FILED FEB 25 1947
Registration District No. 297

Primary Registration District No. 3057

Registrar's No. 12

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

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution:
111 Tribble St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray

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

(d) Street No. 111 Tribble St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Idelia Kresse

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14
year 1947 hour 12 minute 45.A. M.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife August Kresse

6. (c) Age of husband or wife if alive Deceased years 6 1860

7. Birth date of deceased Aug. 6 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1945- 19 Feb 14- 19 47
that I last saw her alive on Feb 14- and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chronic Myocarditis

8. AGE: Years Months Days If less than one day
86 6 8 hr. min.

Due to _____

Due to _____

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

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

10. Usual occupation House Wife

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations 930

Of autopsy _____

MOTHER FATHER {

11. Industry or business _____

12. Name Jess Garland

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

14. Maiden name Margaret White

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

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? _____

16. (a) Informant Mrs. William Everts

(b) Address Richmond, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 16, 1947
(Month) (Day) (Year)

(c) Place: burial or cremation Concordia, Mo.

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

23. Signature G. B. Ray (M. D. of _____)
Address Richmond, Mo. Date signed 2-15-47

18. (a) Signature of funeral director [Signature]

(b) Address Richmond, Mo.

19. (a) Feb. 15-47 (Date received local registrar)

(b) Malcol Jackson (Registrar's signature)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-22-47

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 ^{##}for ^{##}by _____
_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed E. M. ...
Licensed Embalmer No. 2073
P.O. Address Richmond, 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.