S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 2 1947

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 27896

Registrar's No. 3564

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: Lakeside Hospital O
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence (Inter-City) 4
(If outside city or town limits, write "RURAL")

(d) Street No. 10611 E 15th 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country —

3. (a) PRINT FULL NAME Glenn Arthur Resz.

3. (b) If veteran, name war — no

3. (c) Social Security No. None

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased Aug. (Month) 15th (Day) 1947 (Year)

8. AGE: Years 0 Months 0 Days 2. If less than one day hr. min.

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

10. Usual occupation Child

11. Industry or business

FATHER
12. Name Glenn W. Resz.
13. Birthplace Appleton City Missouri O (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ellen Seaton
15. Birthplace England 4 (City, town, or county) (State or foreign country)

16. (a) Informant Glenn W. Resz
(b) Address 10611 E 15 Indep. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 18-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills Cem.

18. (a) Signature of funeral director Dixon K. Tapley
(b) Address Independence, Missouri

19. (a) 8-19-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17, year 1947 hour 4 minute 10 P. M.

21. I hereby certify that I attended the deceased from Aug 15 1947, to Aug 17 1947, that I last saw him alive on Aug 17 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Massive Atelectasis
Patent foramen ovale

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 15 7 2

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Richard C. Shelton (M. D. or other) MO

Address 1108 W 12 Kansas City Mo Date signed 8/14/47

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was Not embalmed by me, ~~or by~~ ....., Registered Apprentice No. ....., working under my personal supervision.

Not Embalmed.

Signed Dixon L. Kepley

Licensed Embalmer No. 4225

P. O. Address Indep. 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.