S. No. 2
M—1/47
v. 5-17-39

ENCLOSED

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 21 1947

Registration District No. 149

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 38475

Registrar's No. 4680

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: General Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 hours (Specify whether
In this community 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2735 Myrtle 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME DOLLY TRESENRITER

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Manuel Tresenriter

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

7. Birth date of deceased Oct. (Month) 7 (Day) 1880 (Year)

8. AGE: Years 67 | Months 1 | Days 0 | If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Jacob Wilson
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Josephene Rogers
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. L. T. Tresenriter
(b) Address 402 E. Culton, Warrensburg, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-9-47 (Month) (Day) (Year)
(c) Place: burial or cremation Warrensburg Mo

18. (a) Signature of funeral director R A Brainingen
(b) Address Warrensburg, Mo.

19. (a) 11-8-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 7
year 1947 hour 6 minute 55 P.M.

21. I hereby certify that I attended the deceased from 11-7-1947 to 11-7-1947
that I last saw her alive on 11-7-1947
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary occlusion
Myocardial failure

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

Duration

PHYSICIAN

Underline the cause of 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 Wm W. Hart (M. D. or other) MD

Address Med. Dir. Gen'l Hosp Date signed 11-8-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

NOV 22 1941

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

Signed R. A. Brauninger

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.**