

National Office of Vital Statistics

State File No. _____

FILED NOV 12 1948

Registration District No. 124Primary Registration District No. 3028Registrar's No. 248

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Carthage
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Stone Memorial Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 16 days
 (Specify whether
 In this community 16 days
 years, months or days)

3. (a) PRINT FULL NAME THOMAS LEE TRESINRITER

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive ✓ years _____
 7. Birth date of deceased unknown (Month) (Day) (Year) 1865

8. AGE: Years 83 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation retired farmer

11. Industry or business _____

12. Name unknown13. Birthplace unknown (City, town, or county) (State or foreign country) 914. Maiden name unknown15. Birthplace unknown (City, town, or county) (State or foreign country) 916. (a) Informant Mr. Joe Frieckle(b) Address 2735 Myrtle, Kansas City, Mo17. (a) burial (Burial, cremation, or removal) (b) Date thereof Nov 2, 1948 (Month) (Day) (Year)(c) Place: burial or cremation Carthage, Mo18. (a) Signature of funeral director Knell Mortuary(b) Address Carthage, Missouri19. (a) 11/4/48 (Date received local registrar) (b) J. B. Clinton (Registrar's signature) 139

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camdenton 15
 (c) City or town Climax Springs
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. -- (If rural, give location) 1
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 1
 year 1948 hour 5 minute 20 P. M.

21. I hereby certify that I attended the deceased from Oct 15
1 to Nov 1 1948
 that I last saw him alive on Nov 1 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Medullary Paralysis
Heart block Duration 30 min
30 min

Due to Asimilarity 13 yrs

Other conditions Hypertrophy of Prostate

Major findings: same

Of operations no G/C

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? _____ (Specify type of place)

While at work? _____ (e) Means of injury 223. Signature Albert B. Wheeler D. or other DDAddress Carthage, Mo Date signed 11/2/48

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 Frank W. Kuehl Jr

Licensed Embalmer No. 4440

P. O. Address Carthage

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.