

FILED JAN 6 1949

STANDARD CERTIFICATE OF DEATH

State File No. 42274

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 6225		Registrar's No. 175		
1. PLACE OF DEATH a. COUNTY <u>Bernon</u>				2. USUAL RESIDENCE (Where deceased lived. Institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Goettse</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Wash. Wp 8 Mo 1 day</u>		c. LENGTH OF STAY (in this place) <u>8 Mo 1 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		1 4 3		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 2</u>				d. STREET ADDRESS (If rural, give location) <u>1834 Madison</u>				
3. NAME OF DECEASED (Type or Print) <u>ALBERT KRESSIG</u>			a. (First)			b. (Middle)		
c. (Last)			4. DATE OF DEATH		(Month) (Day) (Year)			
<u>12-30-48</u>								
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		
<u>0</u>		<u>White</u>		<u>Married</u>		<u>10-8-1880</u>		
9. AGE (in years last birthday)		if UNDER 1 YEAR		if UNDER 12 HRS.		if UNDER 1 MIN.		
<u>68</u>		<u>2</u>		<u>2</u>		<u>2</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Master</u>			<u>Delivery</u>		<u>Salisbury Mo</u>		<u>German</u>	
13a. FATHER'S NAME <u>Andrew Krutz</u>			13b. MOTHER'S MAIDEN NAME <u>Helen Knauer</u>			14. NAME OF HUSBAND OR WIFE <u>Kate M. Kressig</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		(If yes, give year or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS		
<u>No</u>				<u>✓</u>		<u>Hospital record</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u>					<u>7</u>	
		ANTECEDENT CAUSES						
		DUE TO (b) <u>Acute deriation</u>						
		DUE TO (c)						
		II. OTHER SIGNIFICANT CONDITIONS						
		<u>989</u> Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, shop, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
<u>None</u>				<u>✓</u>		<u>✓</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR				
<u>None</u>		<input checked="" type="checkbox"/>		<u>✓</u>				
22. I hereby certify that I attended the deceased from <u>4-29-1948</u> to <u>12-30-1948</u> , that I last saw the deceased alive on <u>12-30-1948</u> , and that death occurred at <u>9 p m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title)			23b. ADDRESS			23c. DATE SIGNED		
<u>W. R. Hall M.D.</u>			<u>Nevada Mo</u>			<u>12-30-48</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)		
<u>REMOVAL</u>		<u>12-31-48</u>		<u>LHC</u>		<u>KANSAS CITY, Mo.</u>		
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS				
<u>12-31/48</u>		<u>Kathryn Yancey</u>		<u>331 D.W. Newcomer's Sons</u>		<u>1401 Brush Creek Kansas City, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7,

District File Number 12-48-1528

Date Filed 1-5-49

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed John E. Fraking

Licensed Embalmer No. 4483

P. O. Address Kansas City, 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.