

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5253
Do not use this space.

MAR 9 1939

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kan Primary Registration District No. 1002 Registered No. 452
 (c) City Kansas City (d) Street No. 2200 Gen Wash St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (1) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Dred Kretchmar
 (a) Residence, No. 2114 Charlotte St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mabel Kretchmar

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19-1888

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, hrs. or min.
	<u>53</u>	<u>6</u>	<u>14</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labourer

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 53

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Truett City Mo

13. NAME Frank Kretchmar

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Frank Kretchmar
2114 Charlotte

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Calvary DATE Feb 4 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) G. W. Wessler
Adams City Mo

20. FILED M 2 1939 m m Chapman
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-2 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 1939 to 2-2 1939
 I last saw him alive on 2-2 1939 Death is said to have occurred on the date stated above, at 4:45 p m
 The principal cause of death and related causes of importance were as follows:
multiple myeloma with Extension
 Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify (Signed) P. De Mana, M. D.
 (Address) 2200 Gen Wash

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.