#101

REC'D AUG 22 1939

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

3

25860
Do not use this space.

1. PLACE OF DEATH
(a) County JACKSON 1 Registration District No. 404
(b) Township Washington Primary Registration District No. 5558 Registered No. 49
(c) City " (d) Street No. SALT WATER POOL - 81ST + TROOST AVENUE
(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. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 6.50 THOMAS MICHAEL WREN, JR
(a) Residence, No. 7609 JEFFERSON STREET St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): SINGLE
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPTEMBER-6-1926
7. AGE: YEARS 12 MONTHS 10 DAYS 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. STUDENT
9. Industry or business in which work was done, as saw mill, bank, etc. ROCKHURST
10. Date deceased last worked at this occupation (month and year) JUNE 1939
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KANSAS CITY MISSOURI 0 1

FATHER
13. NAME THOMAS MICHAEL WREN, SR.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KANSAS CITY KANSAS 1

MOTHER
15. MAIDEN NAME CECELIA TOELLE
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KANSAS

17. INFORMANT (ADDRESS) MR THOMAS MICHAEL WREN SR. 7609 - JEFFERSON STREET
18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY K.C. MO. DATE JULY-25 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) D. W. NEWCOMER'S SONS KANSAS CITY, MISSOURI
20. FILED 8-10- 1939 Mrs Jos. T. Brennan Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY-22, 1939
22. I HEREBY CERTIFY That I attended deceased from ....., 19...., to ....., 19.....
I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:30 P.m.
The principal cause of death and related causes of importance were as follows:
Death by Drowning
Status Thymo Lymphaticus
Date of onset
Other contributory causes of importance: 183
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? Accident Date of injury 7-22-39
Where did injury occur? 81st Troost KCMo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Death by Drowning
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Russell W. Fenn, M. D.
(Address) KCMo

(Licensed Embalmer's Statement on Reverse Side)

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.

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 C. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.