

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

NOV 20 1939

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

Do not use this space.

35320

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City, Mo. Trinity Lutheran Hospital st. 122 Ward)

2. FULL NAME 624 Farn Elizabeth Pressler,

(a) Residence, No. 8236 Main St. St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 16, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. X

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME LaVerne Pressler,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri,

15. MAIDEN NAME Lorene Brown,

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

17. INFORMANT LaVerne Pressler,
 (ADDRESS) 8236 Main St., Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park, DATE 10-16, 1939

19. UNDERTAKER Stine & McClure,
 (ADDRESS) 3236 Gillham Plaza, K. C., Mo.

20. FILED 10/17 1939 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 16, 19 39

22. I HEREBY CERTIFY, That I attended deceased from Oct. 16, 1939 to Oct. 16, 1939
 I last saw her alive on Oct. 16, 1939 Death is said to have occurred on the date stated above, at m. still born
 The principal cause of death and related causes of importance were as follows:

still born -
Pre-eclampsia
Toxemia

Other contributory causes of importance:
Prematurity

Name of operation None Date of no
 What test confirmed diagnosis? exam Was there an autopsy? no

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? no
 If so, specify
 (Signed) Agnes T. Teransky M. D.
 (Address) 9333 Bry Blvd

