

WED FEB 26 1940
399

Registration District No.

Primary Registration District No. 1002

Registrar's No.

124

1. PLACE OF DEATH:

(a) County Jackson **3**
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2515 Swope Parkway
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution ---
 (Specify whether
 In this community 10 Years
 years, months or days) **526**

3. (a) PRINT FULL NAME THOS. DRESHER3. (b) If veteran, name war None 3. (c) Social Security No. None4. 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 November 7 1878
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
61 1 29 hr. min.9. Birthplace Austria
(City, town, or county) (State or foreign country)10. Usual occupation Baker11. Industry or business Parkway Bakery **7**12. Name Unknown Dresher **9**13. Birthplace Unknown
(City, town, or county) (State or foreign country)14. Maiden name Unknown
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Henry Streck(b) Address 2510 E 49th St17. (a) Cremation (b) Date thereof Jan. 10, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation D. W. Newcomer's Sons18. (a) Signature of funeral director D. W. Newcomer's Sons(b) Address 1401 Brush Creek Blvd.
Jan. 10, 194019. (a) (Date received local registrar) (b) M. M. Craue
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

0
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2510 East 49th Street
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? Unknown years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1-6-40 day 1-6-40 year 1940 hour 9:35 minute 9-35 M.21. I hereby certify that I attended the deceased from 9-35-39 to 1-6-40that my patient died on 1-6-40 at 9:35 and the cause of death occurred on the date and hour stated above. Chronic myocarditis
Immediate cause of deathDue to Chronic myocarditisDue to 93c

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations NoneOf autopsy None

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?

While at work (Specify type of place) (a) Means of injury 523. Signature Walter J. Walker (M. D. or other)Address K.C. Mo Date signed

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 Harold Perry

Licensed Embalmer No. 4097

P. O. Address K.C., 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, above space should be left blank.