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.

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

15340

Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence 2 Registration District No. 471

(b) Township Pierce 0 Primary Registration District No. 5634 Registered No. 18

or

(c) City ..... (d) Street No. Rural 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 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 625 John Kresyman

(a) Residence, No. Rural 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: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Breun

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 8 1890

7. AGE: YEARS 50 MONTHS 2 DAYS 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) 1/7/39

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lawrence Co. 0

FATHER

13. NAME: Mike Kresyman 7

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Poland

MOTHER

15. MAIDEN NAME: Julia Zulaski 7

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Poland

17. INFORMANT (ADDRESS): Mrs. John Kresyman Wentworth Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Pulaskifield DATE 4/22 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS): V. O. Niemeyer Pierce City Mo

20. FILED April 20 1940 E B Wiegler Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr 20, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1939 to Apr 20, 1940

I last saw him alive on Apr 1, 1940 Death is said to have occurred on the date stated above, at 7:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious anemia	1-7-39
71 W	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) Ernest Mitchell, M. D.

(Address) Goodman Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 540-1334
Date Filed MAY 17 1940

JUL 26 1943

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 me, Registered Apprentice No. working under my personal supervision.

Signed Victor O. Niemeyer

Licensed Embalmer No. 3822

P. O. Address Pierce City Mo.

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

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