

Registration District No. **39815**

Primary Registration District No. **3019**

Registrar's No. **161**

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Independence Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Weeks
In this community 9 Years
years, months or days

8. (a) PRINT FULL NAME Martha Nelle Kretsinger
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female 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 May 30 1931
(Month) (Day) (Year)

8. AGE: Years 9 Months 0 Days 11 If less than one day hr. min.

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business Hale H. Cook School K.C.

12. Name Carll V. Kretsinger

13. Birthplace Council Grove Kansas
(City, town, or county) (State or foreign country)

14. Maiden name Kathryn Bark

15. Birthplace Southern Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Carll V. Kretsinger

(b) Address 7438 Summit Street K.C. Mo.

17. (a) Burial (b) Date thereof June 12, 1940
(Burial, cremation, or removal) (City, town, or county) (State)

(c) Place: burial or cremation Mt. Washington Cemetery Kansas City, Missouri

18. (a) Signature of funeral director D. H. Newcomb's Sons

(b) Address 1401 Brush Creek Blvd. K.C. Mo.

19. (a) June 11, 1940 (b) F. L. Cook
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 7438 Summit Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10th
year 1940 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 10 - 1940, 1940, to June 7 - 1940, 1940
that I last saw her alive on June 7 - 1940, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to kidney suppression - following uremia 3 months & due to throat following bronoscopic removal of hair pin from l. lung
Other conditions (Include pregnancy within 3 months of death)

Major findings: Uremia
Of operations: Uremia
Of autopsy: Uremia

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence May 10 - 1940

(c) Where did injury occur? K.C. Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

(e) Means of injury hair pin in lung
(Specify type of place) (While at work)

23. Signature R. F. Barst (M. D. or other)
Address Independence Mo. Date signed 6/11/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

