

FILED MAY 1 1944
Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 1684

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Menorah Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 das
In this community 60 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME McClelland C. Trembly

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth Trembly

6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased Sept 27th 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

81 6 16 hr. min.

9. Birthplace Bellville Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Jenkins Music' CO 45Years

12. Name E.P. Trembly

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant John M. Trembly

(b) Address 5832 McGee

17. (a) Burial (b) Date thereof 4 15th 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT Moriah Cemetery

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address 1800 Linwood Blvd

19. (a) 4-15-44 (b) D. E. Brown
(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. 3931 Troost Ave
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13th
year 1944 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from April 6, 1944 to April 13, 1944
that I last saw him alive on April 13, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 8 days
Basilar Atheroma

Due to arteriosclerosis with arterial hypertension 1 year

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93d

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

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?

(Specify type of place)

While at work? (c) Means of injury

23. Signature John H. Lapp (M. D. or other) Ind.

Address 1314 Professional Bldg Date signed April 18 1944

DR John Lapp
Prof Bg
V19335

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 *Chas E. Wilks*

Licensed Embalmer No. ~~244~~ 2644

P. O. Address *1800 Linwood*

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, fact should be so stated above.