No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 19 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24153

Registration District No. 1949 Primary Registration District No. 1002 Registrar's No. 2943

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: St. Marys Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week (Specify whether
In this community 1 week
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas Uri (b) County Jackson 999
(c) City or town Sequins City 14
(If outside city or town limits, write "RURAL")
(d) Street No. No 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Albert M. Drees
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 26, 1885
(Month) (Day) (Year)

8. AGE: Years 62 Months 3 Days 13 If less than one day hr. min.
9. Birthplace Kansas City Kansas 1
(City, town, or county) (State or foreign country)
10. Usual occupation Owner and Manager
11. Industry or business General Merchantdice
FATHER
12. Name Ferdinand Drees
13. Birthplace Unknown Germany 11
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Jakobe
15. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)
16. (a) Informant Miss Anna Drees
(b) Address 3947 Troost Ave. K.C. Mo.
17. (a) Removal-Burial (b) Date thereof 7-12-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Johns Cemetery K.C.K.
18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address 1800 Linwood Blvd. K.C. Mo.
19. (a) 7-11-47 Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th
year 1947 hour 5 minute 30P.M.
21. I hereby certify that I attended the deceased from July 2, 1947 to July 9, 1947
that I last saw him alive on July 9, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	2 weeks
Due to benign hypertrophy of prostate	2
Due to	
Other conditions Uremic pericarditis (Include pregnancy within 3 months of death)	8 days

Major findings:
Of operations 90 W
Of autopsy

PHYSICIAN
Underline the cause of 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) 0
While at work (e) Means of injury
23. Signature Michael Bernreuter (M. D. or other) M.D.
Address 436 Professional Bldg K.C. Mo. Date signed 7-11-47

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr Bernrider
Prof Bldg

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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 Russell N. France

Licensed Embalmer No. 4255

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, fact should be so stated above.