

FILED JAN 13 1948 *149*

Registration District No. \_\_\_\_\_

Primary Registration District No. *1002*

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:  
**Emergency Room Union Station 3**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community **30 yrs**

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. **3305 Michigan,**  
(If rural, give location)  
 (e) Citizen of foreign country? **no.** (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Mrs. Anna H. Tregemba**

3. (b) If veteran, name war **no.** 3. (c) Social Security No. **none**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced, **widowed**  
 6. (b) Name of husband or wife **Thomas E.** 6. (c) Age of husband or wife if alive, years **25**  
 7. Birth date of deceased **March 25, 1875**  
(Month) (Day) (Year)

8. AGE: Years **72** Months **8** Days **28** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business \_\_\_\_\_

MOTHER FATHER } 12. Name **Charles Holmes**  
 13. Birthplace **Michigan**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Jemine Walker**  
 15. Birthplace **Indiana**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Robt. Warner**  
 (b) Address **Austin Texas**

17. (a) **burial** (b) Date thereof **12-26-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Int. Washington**

18. (a) Signature of funeral director **Stine & McClure**  
**3235 Gillham Plaza, K. C., Mo.**  
 (b) Address \_\_\_\_\_

19. (a) **12-24-47** (b) **Heraldine Holmes**  
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **23**  
 year **1947** hour **11:35** minute **A.** M.

21. I hereby certify that I attended the deceased from **January 1945** to **December 1947**  
 that I last saw her alive on **Dec. 15, 1947**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **coronary occlusion** Duration **minutes**

Due to **Arteriosclerosis** **2 yrs**

Due to \_\_\_\_\_

Other conditions **Chronic myocarditis** **2 yrs**  
(Includes pregnancy within 3 months of death)

Major findings: Of operations **93 D** 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? \_\_\_\_\_ Means of injury **0**

23. Signature **J. Reid Jones** (M. D. or other) **W. D.**  
 Address **1107 W. 13th St. Bldg.** Date signed **12-24-47**

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

Dr. Harry Jones

*Bryant Black*

**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..... *Robert A. Reed* .....

Licensed Embalmer No..... *3775* .....

P. O. Address..... *H. C. Inc.* .....

**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.**