

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 7 1949

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 363

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:
3918 Washington /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
36 Years (Specify whether years, months or days)

In this community _____

3. (a) PRINT FULL NAME Frank Prenger

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male White

5. Color or race White

6. (a) Single, widowed, divorced, Married 1948

6. (b) Name of husband or wife Augusta A. Prenger

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased 1 7 1882
(Month) (Day) (Year)

8. AGE: Years 66 Months 0 Days 17 If less than one day _____
hr. min.

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

10. Usual occupation Confectionary Store Manager

11. Industry or business Retired

MOTHER, FATHER { 12. Name William Albert Prenger

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

14. Maiden name Helena Stevenson

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

16. (a) Informant Mr. Harry J. Prenger

(b) Address 3918 Washington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-26-1948
(Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address Kansas City, Mo.

19. (a) 1-26-48 (Date received local registrar) (b) Heraldine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 42

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 3918 Washington
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24
year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Oct 25-1947
to Jan. 24 1948
that I last saw him alive on Jan. 20 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
bronchial

Duration _____

Due to Cerebral Apoplexy

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations 830

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? no

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Dr. New (M. D. or other)
Address 925 Argyle Date signed 1-24/48

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.....

..... Jerry A. Minow, Registered Apprentice No. 427
working under my personal supervision

Signed

Joe B. Yoder
Licensed Embalmer No. 4173

P. O. Address

918 Brooklyn

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.

K.C. No.