

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16230**  
**2058**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY OR TOWN <b>KANSAS CITY</b>	c. LENGTH OF STAY (In this place) <b>55 YEARS</b>	c. CITY OR TOWN <b>KANSAS CITY</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>OSTEOPATHIC HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>2123 SUMMIT STREET</b>	

3. NAME OF DECEASED (Type or Print) <b>MILDRED</b>	a. (First)	b. (Middle)	c. (Last) <b>WRENN</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>MAY-7-1949</b>
--	------------	-------------	------------------------	---

5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>AUG-6-1875</b>	9. AGE (In years last birthday) <b>75 YEARS</b>	10. MONTHS <b>2</b>	11. DAYS <b>2</b>	12. HOURS <b>2</b>	13. MIN. <b>2</b>
----------------------	-------------------------------	---	------------------------------------	---	---------------------	-------------------	--------------------	-------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>SPRINGFIELD ILLINOIS</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
--	-----------------------------------	---	--

13a. FATHER'S NAME <b>WILLIAM M<sup>c</sup> BRIDE</b>	13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>WALTON C WRENN</b>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS. W.A. WEBER</b>	ADDRESS <b>425 CYPRESS KANSAS CITY, MO</b>
---	-------------------------------------	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 hrs</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac + Respiratory failure</b>		DUE TO (b) <b>Myocardial degeneration</b>		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <b>Apoplexy</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>4229</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
--	--	---------------------------

22. I hereby certify that I attended the deceased from **1943** to **May 7, 1949**, that I last saw the deceased alive on **May 7, 1949**, and that death occurred at **8:05 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>A. L. Antea</b> (Degree or title) <b>D.O.</b>	23b. ADDRESS <b>3901 1/2 Indiana</b>	23c. DATE SIGNED <b>5/7/49</b>
---	--------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>MAY 10 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MT. MARIAN CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>
---	------------------------------	---	---

DATE REC'D BY LOCAL REG. <b>5-10-49</b>	REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>D.W. Newcomer</b>	ADDRESS <b>1331 BRUSH CREEK KANSAS CITY, MO.</b>
---	---	---	--

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

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed James T. Dewo.....

Licensed Embalmer No. 4453.....

P. O. Address Kansas City.....

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.