

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2595

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 40 yrs	c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		3548
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			d. STREET ADDRESS (If rural, give location) 2111 E. 33rd St.		

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) G. c. (Last) Wrenn			4. DATE OF DEATH (Month) (Day) (Year) June 9, 1950		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH		9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Building Contractor		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James A. Wrenn	13b. MOTHER'S MAIDEN NAME Mary Newhouse	14. NAME OF HUSBAND OR WIFE Edith A. Wrenn, wife	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) no.	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Edith A. Wrenn, 2111 E. 33rd St., K.C., Mo.		ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH 48 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) arteriosclerosis	10 yrs.
			DUE TO (c)	1201
	II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.			Carcinoma of Liver

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION no		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) no	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR	
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22. I hereby certify that I attended the deceased from June 1, 1949, to June 9, 1950, that I last saw the deceased alive on June 9, 1950 and that death occurred at 5 P.M., from the causes and on the date stated above.

23a. SIGNATURE M. B. Casbolt	(Degree or title)	23b. ADDRESS 4000 Bellvue K.C. Mo	23c. DATE SIGNED 6/10/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 6/12/50	24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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DATE REC'D BY LOCAL REG 6-10-50	REGISTRAR'S SIGNATURE M. B. Casbolt	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE, Kansas City, Mo.	
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *S. J. Allen*

Licensed Embalmer No. *1415*

P. O. Address *W. C. Moore*

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.