

REC'D MAR 17 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7112
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper
(b) Township
(c) City
(e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. 294
Primary Registration District No. 4550

Registered No. 3

2. PRINT FULL NAME

(a) Residence, No. [] St. []
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 6 1861		
7. AGE	YEARS 76	MONTHS 3
	DAYS 22	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc. At Home	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 28 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 20 1938, to Feb 28 1938. I last saw him alive on Feb 28 1938. Death is said to have occurred on the date stated above, at 9:30 a.m. The principal cause of death and related causes of importance were as follows:
Embolic Coronary Arteriosclerosis
B. S. S.

Other contributory causes of importance: 9415

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) W. D. [Signature] M. D.
(Address) [Address]

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Indiana

FATHER
13. NAME Michael Tressler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Penn

MOTHER
15. MAIDEN NAME Mary A. Tressler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Ohio

17. INFORMANT (ADDRESS)
Arthur W. Surface
Nash City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Heaven Date Mar 3 1938

19. FUNERAL DIRECTOR (ADDRESS)
Nash City Ind Co.
Nash City, Mo.

20. FILED 4-12 1938 Chas E. Scafe
Local Registrar.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

32
160

STATEMENT BY LICENSED EMBALMER

I, Clayton M. Johnston, Licensed Embalmer No. 3,922,
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself.

..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed Clayton M. Johnston
Licensed Embalmer No. 3,922

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.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

7112
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 412
(b) Township Primary Registration District No. 4244 Registered No.
(c) City Webb City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Anna Bill Surface

(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 6, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 3 22

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indianapolis

FATHER
13. NAME Michael Treseler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

MOTHER
15. MAIDEN NAME Mary a Treseler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Arthur W. Surface
Webb City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Meander Cem. Mar 3, 1938

19. FUNERAL DIRECTOR (ADDRESS) Webb City Mort Co
Webb City, Mo

20. FILED 4/12 1938 Charles E. Scafe
Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 28, 1938

22. I HEREBY CERTIFY That I attended deceased from Feb 20 to Feb 28, 1938
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Coronary arteriosclerosis
of the sides

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify W. G. Horgan, M. D.
(Signed) W. G. Horgan
(Address) Webb City, Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S-7112