

REC'D MAR 13 1939

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

5963  
Do not use this space.

1. PLACE OF DEATH  
(a) County Buchanan  
(b) Township  
(c) City St. Joseph  
(e) Length of residence in city or town where death occurred 25 yrs. mos. ds.  
(d) Street No. 1001 St. Joseph, Hospital  
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Marguerit Dorsel  
(a) Residence, No. 1814 Savannah Ave. St. (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) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF William Oscar Dorsel  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17, 1884  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 54 10 5  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
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) Wallace Missouri  
13. NAME John T. Edwards  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edgerton, Missouri  
15. MAIDEN NAME Alice Coker  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wallace, Missouri  
17. INFORMANT William Oscar Dorsel (ADDRESS) 1814 Savannah Ave.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Feb. 25, 39  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walter Meierhoffer 1302 Faraon St. St. Jos. Mo.  
20. FILED Feb 24, 1939 A. J. Westebush Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 22, 1939  
22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1939, to Feb 22, 1939  
I last saw h. er alive on Feb 22, 1939. Death is said to have occurred on the date stated above, at 4:12 P. m.  
The principal cause of death and related causes of importance were as follows:  
Acute cholelithiasis + cholelithiasis Date of onset Feb 5, 39  
1216  
Other contributory causes of importance: Broncho Pneumonia Acute Feb 11, 39 Absence of Pt. Fever - Acute Rheumatoid (Physician)  
Name of operation Cholelithotomy Date of Feb 9, 39  
What test confirmed diagnosis? Clinical Was there an autopsy? No  
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury 19... Where did injury occur? No (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury No Nature of injury No  
24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify St. Joseph  
(Signed) M. D. (Address) 825 Charles St. St. Jos. Mo.

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.

AUG 4 1948

**STATEMENT BY LICENSED EMBALMER**

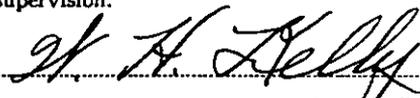
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

Wilbur H. Kelly

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....



Licensed Embalmer No. No. #4936

P. O. Address 1302 Faraon St. St. . .

**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, above space should be left blank.**