

REC'D JUN 8 1939

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

17643  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township Rau Primary Registration District No. 1002 Registered No. 2045  
(c) City Fansaw City (d) Street No. St. Joseph's Hospital St.  
(e) Length of residence in city or town where death occurred 19 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. 2636 East 29th 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

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 John H. Dresselhaus  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25, 1910  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 29 0 18  
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. housewife  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Lexington  
(STATE OR COUNTRY) Missouri

FATHER'S 13. NAME Jess Shafer  
14. BIRTHPLACE (CITY OR TOWN) Higginville  
(STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Lilly Musick  
16. BIRTHPLACE (CITY OR TOWN) Indiana  
(STATE OR COUNTRY)

17. INFORMANT John H. Dresselhaus  
(ADDRESS) 2636 East 29th Street

18. BURIAL, CREMATION, OR REMOVAL PLACE W. Washington DATE May 16 - 39

19. FUNERAL DIRECTOR (NAME) W. H. Newell  
(ADDRESS) Brushfield & Co.

20. FILED May 16 39 M. M. Brown  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13 193922. I HEREBY CERTIFY, That I attended deceased from May 5 39, 1939, to May 13 - 39, 1939I last saw him alive on 5/13, 1939. Death is said to have occurred on the date stated above, at 6:30 P. m.

The principal cause of death and related causes of importance were as follows:

Labor Pneumonia

Date of onset

Other contributory causes of importance:  
Cerebral hyperextension  
Essential Hypertension  
1935

Name of operation..... Date of.....

What test confirmed diagnosis? Was there an autopsy? no23. 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) St. Joseph's Hospital, M. D.(Address) 710 Prof. Bedy

**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 .....

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

Signed.....

Licensed Embalmer No.....

*George M. Collier*  
*3839*

P. O. Address.....

**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.**