

DEC'D OCT 1 1939

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

32663
Do not use this space.

1. PLACE OF DEATH

(a) County JASPER / Registration District No. 411
 (b) Township GALENA / Primary Registration District No. 2002 Registered No. _____
 (c) City JOPLIN (d) Street No. ST. JOHN'S HOSPITAL 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 RAYMOND EDWARD BRESCE

(a) Residence, No. WEST ON COUNTY LINE RR#3 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 MALE 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 5, 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
12 4 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. STUDENT AT
 9. Industry or business in which work was done, as saw mill, bank, etc. ALCOHOL School
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin Mo.

FATHER 13. NAME Chas Bresce

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Heavenworth Kansas

MOTHER 15. MAIDEN NAME Lillie Cox

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Mo.

17. INFORMANT (ADDRESS) Mr. Chas Bresce Joplin Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE FAIRVIEW CEM. DATE 9-13-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) HURBUT UND. Co. 212 Joplin St. Joplin Mo.

20. FILED 9-11-39 Janner Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-11-39 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 9 to Sept 11, 1939
 I last saw him alive on Sept 10, 1939 Death is said to have occurred on the date stated above, at 12:30 AM.

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

apendicitis
121
 Date of onset 9-5-39

Other contributory causes of importance: apendiceal abscess

Name of operation apendectomy Date of 9-9-39
 What test confirmed diagnosis? _____ Was there an autopsy? no

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) H. C. C. C. C. C. M. D.
 (Address) Joplin 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.

RECEIVED

District Health Officer, No. 6,

District File Number 1039-2044

Date Filed OCT 10 1939

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 Thos K. Zureb

Licensed Embalmer No. 959

P. O. Address Spencer Mass

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.