No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Board of Health

State File No. 11375

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 360

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: 1

(a) County Jackson

(b) City or town Kansas City, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
K. C. General Hospital, K.C.Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 40 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 0

(a) State Missouri (b) County Jackson

(c) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL")

(d) Street No. 5037 Olive Str., K. C. Mo.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Joseph Arnold Dressman

3. (b) If veteran, name war None

3. (c) Social Security No. 486-09-9168

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Pearl Dressman,

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased March 27th, 1972
(Month) (Day) (Year)

8. AGE: Years 67 Months 9 Days 27 If less than one day ..... hr. ..... min.

9. Birthplace Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor B. State Land Co. 1

11. Industry or business ---------- 6

FATHER
12. Name John Henry Dressman, 6
13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Katherine Fuller,
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant William Dressman
(b) Address 5037 Olive Str., K.C.Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 27-40
(Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address 918 Brooklyn Avenue, K.C.Mo.

19. (a) Jan. 25, 1940 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24th, 1940
year 1940 hour ..... minute 8:25 P.M.

21. I hereby certify that I attended the deceased from ..... to ....., 19....;
that I last saw him alive on ....., 19....;
and that death occurred on the date and hour stated above.

Deputy Coroner

Immediate cause of death Subdural Cerebral hemorrhage
Laceration of the brain
Fracture of the skull
Automobile traumatism

Duration

Other conditions
(Include pregnancy within 3 months of death) 210 M

Major findings:
Of operations 21

Of autopsy Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 1-23-40
(c) Where did injury occur? K. C. Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Pedestrian struck by auto
(Specify type of place)
While at work? (e) Means of injury

23. Signature Arthur W. Buhler (M. D. or other)
Address K. C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed C. H. Wise

Licensed Embalmer No. #2570

P. O. Address Kansas City Mo

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.