

AUG. 23 1940

Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 149

1. PLACE OF DEATH:

- (a) County Wanderburgh
 (b) City or town Moberly Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: McBride Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution one hour
 (Specify whether

In this community
years, months or days8. (a) PRINT FULL NAME Chester Lee Drescher 67-13. (b) If veteran, 490-01-2036 name war 3. (c) Social Security No. 4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan-25-1906
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
34 5 29 hr. min.9. Birthplace Monroe City, Mo
(City, town, or county) (State or foreign country)10. Usual occupation Filing Station Operator

11. Industry or business

MOTHER FATHER
 12. Name Christian L. Drescher
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Anna C. Schelpohl
 15. Birthplace Illinois
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Alberta Dye(b) Address Amabel Mo17. (a) Burial (b) Date thereof 7-25-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Monroe City, Mo18. (a) Signature of funeral director Stephen L. Gooding(b) Address Moberly, Mo19. (a) July 25-40 (b) Paul Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Macon
 (c) City or town Macon
 (If outside city or town limits, write "RURAL")
 (d) Street No. 411 Vine
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 5 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1940 hour 7 4 minute 20 P. M.21. I hereby certify that I attended the deceased from Coroner's Case, to _____, 19____;that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Auto accident
Injuries were fracture at base of skull, compound comminuted fracture of lower jaw, several broken ribs at upper part of chest on both sides. Various cuts and bruises on arms & legs.
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:

Of operations _____

Of autopsy _____

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 July-24-1940
 (c) Where did injury occur? Highway 63-Macon Mo
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
On Highway 63 near Exelle Mo
 While at work? Yes (Specify type of place)
 (e) Means of injury Auto Accident

23. Signature T. H. Strader (M. D. or other) CoronerAddress Moberly, Mo Date signed 7-24

210112

MAR 27 1930

RECEIVED

District Health Officer No. 10

District File Number 8-40-1583

Date Filed AUG 8 1940

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.....

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.

B
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2659

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **26067**

Registration District No. **735**

Primary Registration District No. **3034**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Randolph**

(b) City or town **Moberly**

(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____
(If not in hospital or institution, write street number or location)

In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Chester Lee Drescher**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **m** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Div**

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased: (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	34	5	29	

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

10. Usual occupation _____ (City, town, or county) _____ (State or foreign country)

11. Industry or business _____ (City, town, or county) _____ (State or foreign country)

12. Name _____ (City, town, or county) _____ (State or foreign country)

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____ (City, town, or county) _____ (State or foreign country)

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date there _____ (Month) (Day) (Year)

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits write "RURAL")

(d) Street No. _____ (If rural, give location)

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

DEPARTMENTAL CERTIFICATION

20. DATE OF DEATH: Month **7** day **24** year **1940** hour _____ minute _____ M.

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

Immediate cause of death: **Auto accident**

Signures were fracture at base of skull compound fracture of lower jaw several broken ribs at upper part of chest on both sides various cuts and bruises on arms and legs

Of operations _____

Of autopsy _____

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 **7-24-1940**

(c) Where did injury occur? **near Mason City, Mason Mo.** (City or town) _____ (County) _____ (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Public Place** While at work? **no** (Specify type of place) **lost control and ran into back of city truck** (e) Means of injury **car**

23. Signature **E. W. Shrader** (M. D. or other) _____ Address **Moberly Mo** Date signed _____

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

DEPARTMENTAL CERTIFICATION

lost control of car on road and struck back of city truck

He died in hospital

Dr. E. W. Shrader

o. 2B
-21-40
X22659

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26.067

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 735

Primary Registration District No. 3034

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town mobility
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Chester L. Drescher
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month 7 day 24
year 1940 hour _____ minute _____ M.

4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death auto accident

7. Birth date of deceased. (Month) (Day) (Year)
8. AGE: Years 34 Months 5 Days 29 If less than 1 year _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) acc
(b) Date of occurrence 7/24/1940
(c) Where did injury occur? Highway 63 near _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
public place, Hwy No. 63 (Hwy) near _____
While at work? _____ (Specify type of place) (e) Means of injury car

9. Birthplace _____ (City, town, or county) (State or foreign country)
10. Usual occupation _____
11. Industry or business _____
12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. _____ (City, town, or county) (State or foreign country)
15. _____ (City, town, or county) (State or foreign country)
16. (a) _____ (b) _____
(Date of admission, or recovery) (Month) (Day) (Year)
17. _____
(Date of death) (Month) (Day) (Year)
18. (a) Signature of medical director _____
(b) _____
(Date received local registrar) (Registar's signature)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.
23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

EMERGENCY

710 PM
7/28