

RECORDED OCT 18 1940

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

31978
Do not use this space.

1. PLACE OF DEATH

(a) County Garnett Registration District No. 303
(b) Township Garnett Primary Registration District No. 4182
(c) City Garnett or St.
(d) Street No. 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

(a) Residence, No. ALBERT DRUSCH Hermann mo. St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Rosa Drusch
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec - 24 - 1861
7. AGE YEARS 78 MONTHS 8 DAYS 13 If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 6

13. NAME Fred Drusch 6
FATHER

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 6

15. MAIDEN NAME Carolina Nowak
MOTHER

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

17. INFORMANT Rosa Drusch (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hermann DATE 9/10/40 19

19. FUNERAL DIRECTOR (NAME) E. H. Ruediger (ADDRESS)

20. FILED 9-9- 19 40 Anna K. Rickhoff Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/7/40 19 40
22. I HEREBY CERTIFY, That I attended deceased from August 17 1940, to September 7 1940
I last saw him alive on Sept 7 1940 Death is said to have occurred on the date stated above, at 8:00 P. m.
The principal cause of death and related causes of importance were as follows:
beriberi of liver
Date of onset Don't know

Other contributory causes of importance: 124 lbs

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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? no
If so, specify no
(Signed) J. H. Hesslering M. D.
(Address) Hermann mo

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 myself

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

Signed E. R. Redign

Licensed Embalmer No. 2044

P. O. Address Herman Neo

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.