

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38673

State File No.

Registrar's No.

DEC 1 1940

Primary Registration District No. 5425

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

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Rural (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(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

3. (a) PRINT FULL NAME DOROTHY MAE DRUSCH

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

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 6 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day hr. 2 min.

9. Birthplace Owensville Mo R.F.D.
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

12. Name Ben Drusch

13. Birthplace Gasconade Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Vivian Perkins

15. Birthplace Osage Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Ben Drusch

(b) Address R Owensville Mo

17. (a) _____ (b) Date thereof 11-6-40
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Owensville Mo R.F.D.

18. (a) Signature of funeral director None

(b) Address _____

19. (a) Nov 6 1940 (b) Mrs B. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gasconade
(c) City or town Owensville Mo (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 6
year 1940 hour 8 minute 0 a.m.

21. I hereby certify that I attended the deceased from 11-6-40
not alive 1940 to 11-6-40 1940
that I last saw him alive on when I saw her
and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth
Due to _____
Due to _____

Other conditions 15A
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 278

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature 69 Bunge (M. D. or other) !

Address Bland Mo Date signed 11-6-40

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

not Embalmed

Registered Apprentice No.

working under my personal supervision.

Signed

W. F. Gottenstrouter

Licensed Embalmer No. *1484*

P. O. Address *Owensville 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, fact should be so stated above.