

No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **10077**

APR 15 1941

Registration District No. **83**

Primary Registration District No. **1001**

Registrar's No. **267**

1. PLACE OF DEATH:
 (a) County **BUCHANAN**
 (b) City or town **ST. JOSEPH**
 (c) Name of hospital or institution: **STATE HOSPITAL No. 2**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **the year 1940**
 In this community **12.6 months, 11 days** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **MARY ELLEN DREXLER**

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 **Married**

6. (b) Name of husband or wife **John Drexler** 6. (c) Age of husband or wife if alive **2** years

7. Birth date of deceased **February 16 1881** (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	56	0	20	hr. min.

9. Birthplace **Kansas City Mo** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **---**

12. Name **Richard A. Makepeace**

13. Birthplace **Liverpool England** (City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Roberts**

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

16. (a) Informant **John Drexler KC**

(b) Address **3411 E. 61st Street**

17. (a) **Removal** (b) Date thereof **3-4-41** (Month) (Day) (Year)

(c) Place: burial or cremation **Kansas city MO**

18. (a) Signature of funeral director **J. W. Wagner**

(b) Address **Kansas city MO**

19. (a) **3/4/1941** (Date received local registrar) (b) **J. W. Wagner** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **Jackson**
 (c) City or town **Kansas City 48**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **3411 East 61st Street**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? **---** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **4** year **1941** hour **11** minute **45** M.

21. I hereby certify that I attended the deceased from **death** **seen to** 1941 to **March 4** 1941 that I last saw her alive on **March 4** 1941 and that death occurred on the date and hour stated above.

Immediate cause of death **Leptomeningococcal meningitis**
Due to **leptomeningococcal meningitis**

Due to **---**
Other conditions **Bronchitis ac**
(Include pregnancy within 3 months of death)

Major findings: Of operations **---**
Of autopsy **Bronchitis; Meningococcal meningitis**

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) **none**
 (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?

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

23. Signature **J. R. Benich** (M. D. or other) **M.D.**
Address **State Hospital No. 2** Date signed **3-4-41**

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

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:

W. R. Hauschild

Licensed Embalmer No.

4159

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, fact should be so stated above.