

FILED OCT 5 1942

Registration District No. 1449

Primary Registration District No. 1002

Registrar's No. 3554

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Wassau City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1216 Forest 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 70  
15 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Wassau City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1216 Forest  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country no

3. (a) PRINT FULL NAME Adelbert E. Drish

3. (b) If veteran, name war no 3. (c) Social Security No. 492-14-2550

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced divorced  
6. (b) Name of husband or wife Marie Drish 6. (c) Age of husband or wife if alive 50 years  
7. Birth date of deceased Aug-5-1877  
(Month) (Day) (Year)

8. AGE: Years 65 Months 0 Days 20 If less than one day ✓ hr. ✓ min.

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

10. Usual occupation laborer

11. Industry or business

12. Name Johnthan-A-Drish  
13. Birthplace Vermont  
(City, town, or county) (State or foreign country)  
14. Maiden name Estie Bittinger  
15. Birthplace Canada  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Carl E. Drish

(b) Address 401 So-Denver

17. (a) Burial (b) Date thereof Sept-28-42  
(Burial, cremation, or removal) (City or town) (County) (State) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director A-P-Decker

(b) Address 1415 East 15

19. (a) 9-28-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20  
year 1942 hour 11:45 minute 0 M.

21. I hereby certify that I attended the deceased from Sept 24  
1942 to Sept 25 1942  
that I last saw him alive on Sept 25  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to 935

Due to

Other conditions Alcoholism  
(Include pregnancy within 3 months of death)

Major findings:  
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)  
(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?

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

23. Signature E. C. McCormick (M. D. or other)  
Address Wassau City, Mo. Date signed 9-25-42

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

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**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.....

*A P Doehler*

Licensed Embalmer No.....

*1166*

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.**