

FILED SEP 24 1943

Registration District No. 72

Primary Registration District No. 5134

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
RFD # 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 64 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town Rural St Joseph  
(d) Street No. RFD # 4 (If outside city or town limits, write "RURAL")  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Christina Mary Dreyer

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Joseph 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 10, 1957  
(Month) (Day) (Year)

8. AGE: Years 86 Months 3 Days 30  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Marion, Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name Jacob Kleile  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Dessa A. Dreyer  
(b) Address RFD 4, St Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-11-43  
(Month) (Day) (Year)  
(c) Place: burial or cremation Freeman Chapel Cem.

18. (a) Signature of funeral director Fleeman & Son Inc.  
(b) Address St Joseph, Mo.

19. (a) 9/11/43 (Date received local registrar) (b) Rae Stigoy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9th  
year 1943 hour 1 minute 10 P M.

21. I hereby certify that I attended the deceased from Aug 21, 1943 to Sept 9, 1943; that I last saw her alive on Sept 9, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 1 day

Due to Atherosclerosis General unknown

Due to Chronic Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 9/4/43 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) \_\_\_\_\_  
(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? \_\_\_\_\_

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

23. Signature Gustav K. Kern (M. D. or other) MD  
Address St Joseph, Mo. Date signed 9/10/43

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

100

5-17-39 I X35897

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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

*Robert H. Yapple*

Licensed Embalmer No.

*3308*

P. O. Address

*St Joseph, 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.**