

Registration District No. **43**

Primary Registration District No. **3007**

12
3
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Bull**

(b) City or town **Paplar Bluff**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Paplar Bluff Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **few hours**
(Specify whether)

In this community **years, months or days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Stoddard**

(c) City or town **Winnona**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Ferry Lee Dreasler**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **19**
year **43** hour _____ minute _____ M.

4. Sex **Male**

5. Color or race **W.**

6. (a) Single, widowed, married, divorced **0**

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **10 - 18 - 1943**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **10-18**, 19**43**, to **10-19**, 19**43** that I last saw him alive on **10-19**, 19**43** and that death occurred on the date and hour stated above.

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

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

10. Usual occupation _____

Immediate cause of death **Pneumonia with**

Due to **Ruptured gall bladder on month preceding death**

Due to _____

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

11. Industry or business _____

12. Name **C. W. Dreasler**

13. Birthplace **Winnona Mo - 0**
(City, town, or county) (State or foreign country)

14. Maiden name **Agnes Ball**

15. Birthplace **Fredonia Mo. 0**
(City, town, or county) (State or foreign country)

Major findings: **159**

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **C. W. Dreasler**

(b) Address **Winnona - Mo.**

17. (a) **Burial** (b) Date thereof **10-20-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Winnona Cemetery**

18. (a) Signature of funeral director **family**

(b) Address **Winnona Mo.**

19. (a) **10-21-43** (b) **Belle Turner**
(Date received local registrar) (Registrar's signature)

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 **Tom Henshaw** (M. D. or other) _____

Address **Paplar Bluff Mo.** Date signed _____

RECEIVED

District Health Office No. 2,

District File Number 1143-1379

Date Filed 11-3-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.