

**FILED DEC 8 1944**  
Registration District No. **2**

Primary Registration District No. **1000**

Registrar's No. **1211**

**1. PLACE OF DEATH:**  
 (a) County Buchanan.  
 (b) City or town St. Joseph.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1702 North 3rd Street.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community Lifetime.  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri. (b) County Buchanan.  
 (c) City or town St. Joseph.  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1702 North 3rd Street.  
(If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** John Joseph Drysdale.  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Sarah E. Drysdale.  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Sept 4 1872  
(Month) (Day) (Year)

**8. AGE:** Years 72 Months 2 Days 29  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Joseph Missouri.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Custodian.

11. Industry or business School Board.

12. Name William H. Drysdale.

13. Birthplace Unknown. Ireland.  
(City, town, or county) (State or foreign country)

14. Maiden name Catherine O'Connor.

15. Birthplace Unknown. Ireland.  
(City, town, or county) (State or foreign country)

16. (a) Informant William H. Drysdale.

(b) Address 2413 South 11th St.

17. (a) Burial. (b) Date thereof Dec. 6, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nt. Olivet Cemetery

18. (a) Signature of funeral director Herman W. Staden

(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) 12-4-44 (b) Helen L. Fickel  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month December day 3rd  
 year 1944. hour 2. minute 88 A. M.

21. I hereby certify that I attended the deceased from 11/30 - 1944 to 12/1 - 1944  
 that I last saw him alive on 12/1 - 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency  
 Due to Hypertrophy & dilatation of heart 2 mo.

Due to Arterio-sclerosis hypertension - many years

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: Of operations none Of autopsy none

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) (c) Means of injury 0

23. Signature S. T. Bloomer (M. D. or other)  
 Address 1218 N. 3rd St. Date signed 12/4/44

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

MOTHER FATHER

1377

APR 18 1944

APR 12 1944

**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 Herman W. Siderfader

Licensed Embalmer No. 3728

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.**