

FILED JUL 16 1946 STANDARD CERTIFICATE OF DEATH

State File No. **24176**

Registration District No. **178**

Primary Registration District No. **1286**

Registrar's No. **56**

1. PLACE OF DEATH:

(a) County **Lewis**
(b) City or town **La Grange**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community **70 Years, 8 Months, 25 Days**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lewis**
(c) City or town **La Grange**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **August Drescher**

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 **Married**

6. (b) Name of husband or wife **Ethel Ruth Drescher** 6. (c) Age of husband or wife if alive **67** years

7. Birth date of deceased **September 19th, 1875**
(Month) (Day) (Year)

8. AGE: Years **70** Months **8** Days **25** If less than one day hr. _____ min. _____

9. Birthplace **La Grange, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired farmer**

11. Industry or business _____

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

16. (a) Informant **J. H. Cox**
(b) Address **La Grange, Mo.**

17. (a) **Burial** (b) Date thereof **6/16/46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **La Grange, Missouri**

18. (a) Signature of funeral director **J. M. Roberts**
(b) Address **La Grange, Missouri**

19. (a) **6-12-46** (b) **P. W. Jennings, Jr.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JUNE** day **14**
year **1946** hour **1** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **SEPT 6**, 19**44**, to **JUNE 14**, 19**46**
that I last saw him alive on **JUNE 11**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **URAEMLIA**
Due to **CHRONIC NEPHRITIS**
Due to _____

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

Major findings: _____
Of operations _____
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 **W. P. Ellery, M.D.** (M. D. or other)
Address **LA GRANGE MO** Date signed **6/15/46**

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

RECEIVED

District Health Officer No. 10

District File Number 7-46-1371

Date Filed JUL 15 1946

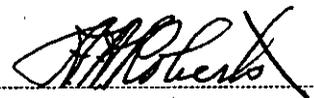
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

A.A. Roberts

Registered Apprentice No.....

working under my personal supervision.

Signed .....

Licensed Embalmer No. 1626.....

P. O. Address La Grange, Missouri.....

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.