

No. 3
5-5-43
5-17-39
I X36671

FILED SEP 10 1946

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Rural-Columbia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Highway #40 Booneville-Columbia
(If not in hospital or institution, (ambulance) (location))

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

(d) Street No. 703 West 3rd
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Ralph L. Ressel

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Oct. 26 1932
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>13</u>	<u>10</u>	<u>0</u>	_____ hr. _____ min.

9. Birthplace Benton (Scott Co.) Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation School-student

MOTHER FATHER

11. Industry or business _____

12. Name Moses Joseph Ressel

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

14. Maiden name Iva C. Pfefferkorn

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

16. (a) Informant M. J. Ressel

(b) Address 703 W. 3rd. Sedalia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 28, 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Galvary Cemetery

18. (a) Signature of funeral director Maude Ewing

(b) Address Sedalia Mo

19. (a) 8/27/46 (Date received local registrar) (b) Wm W. H. Angell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26
year 1946 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug. 24th
Aug. 26th, 1946
that I last saw him alive on Aug. 26th, 1946.
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Poliomyelitis- Bulbar.

Due to _____

Due to _____

Other conditions None.
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None.

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) NO.

(b) Date of occurrence None.

(c) Where did injury occur? None.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
See please

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Jno B. Carlisle M.D. (M. D. or other)
Address Sedalia Mo. Date signed 8-27-46

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

This patient was first seen on August 24th at his home. Diagnosis could not be made at that time. The day following he was improved. Aug. 26th, 1946 the patient first showed signs of Poliomyelitis, the bulbar type. It was thought best to send the patient to the University Hospital, Columbia, Missouri. On his way over there in the ambulance the patient died near Boonville, Missouri.

Jno. B. Carlisle, M.D.
Sedalia, Missouri,
August 27th, 1946.

MAY 25 1948

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.....

Ralph E. Baker

Licensed Embalmer No. *2419*

P. O. Address. *Sedalia 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 36

Primary Registration District No. 5118

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Rural MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Highway #40 Booneville - (ambulance)
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution (Specify whether)

In this community
years, months or days

3. (a) PRINT FULL NAME Ralph L Reszel

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased Oct 26 (Month) (Day) (Year)

8. AGE: Years 13 Months 10 Days 15 If less than one day hr. min.

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

10. Usual occupation Student

11. Industry or business

12. Name Mrs. Joseph Reszel

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

14. Maiden name Anna C Pfefferkorn

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

16. (a) Informant M. J. Reszel

(b) Address 703 W. 3rd Sedalia, MO

17. (a) (Burial, cremation, or otherwise) (b) Date thereof 8-28-46 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Ernest ...

(b) Address Sedalia, MO

19. (a) Sept 19-46 (Date received local registrar) (b) Mrs. A.H. Augell (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Pettis
(c) City or town Sedalia (If outside city or town limits, write "RURAL")
(d) Street No. 703 W - 3rd (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug Day 26 year 1946 hour minute M.

21. I hereby certify that I attended the deceased from to 19.....; that I last saw him/her alive on 19.....; and that death occurred on the date and hour stated above. Immediate cause of death Polomyelitis - Bulbar

Due to Duration

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) Means of injury

23. Signature Jos B. Carlisle (M. D. or other)

Address Sedalia, MO Date signed 8-27-46

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

SUPPLEMENTAL

MOTHER FATHER

20276