

No. 2
8-43
17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43684

FILED FEB 11 1947

Registration District No. 329

Primary Registration District No. 4485

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Commerce Rural, Kelso Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 54 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott ¹⁰⁰

(c) City or town Rural Commerce, Mo. R.1 ⁰
(If outside city or town limits, write "RURAL")

(d) Street No. 2 Miles East Kelso ⁰
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joe Ressel

3. (b) If veteran, name war No

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November, day 17
year 1946 hour 5 minute 30 P..M.

21. I hereby certify that ~~Deceased~~ Viewed the deceased from _____, 1946 to November 17, 1946.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Alvine Lux Ressel

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased November 6 1892
(Month) (Day) (Year)

that I last saw h. _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis ^{Duration} 1 yr.

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>0</u>	<u>11</u>	hr. _____ min.

Due to _____

Due to _____

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

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

10. Usual occupation Farmer

Major findings: Of operations _____

11. Industry or business _____

Of autopsy _____

12. Name Frank Ressel

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

14. Maiden name Marie Menz

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

930

16. (a) Informant Mrs. Joe Ressel

(b) Address Commerce, Mo., Route 1.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Durial (b) Date thereof 11 20 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? _____

(c) Place: burial or cremation St. Augustine, Kelso, Mo.

While at work? _____ (Specify type of place) (a) Means of injury 0

18. (a) Signature of funeral director Beulah Hoff

(b) Address Illmo, Missouri

23. Signature Orville Taylor ^{Corner} 11-18-46

19. (a) 11-20-1946 (b) Nemva Diringer
(Date local registrar) (Registrar's signature)

Address Sikeston, Mo. Date signed _____

299

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office, No. 2,

District File Number 2-47-12

Date Filed 2-19-47

FEB 11 1947

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 Mamie Buehlerhoff

Licensed Embalmer No. 3242

P. O. Address Choffe Ms

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.