S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 14 1947

Registration District No. 274

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32034

Primary Registration District No. 3052

Registrar's No. 294

1. PLACE OF DEATH:
(a) County: Pettis
(b) City or town: Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bothwell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 days (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Benton
(c) City or town: Warsaw
(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: Blanche Bresee
3. (b) If veteran, name war:
3. (c) Social Security No.

4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: November 7, 1872 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
74	9	25	hr. min.

9. Birthplace: Wisconsin (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER
12. Name: Oren Eueleth
13. Birthplace: unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Dorella Kebby
15. Birthplace: unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Harry Bresee
(b) Address: Warsaw, Missouri
17. (a) Burial & Removal (Burial, cremation, or removal) (b) Date thereof: 9/4/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Rossville, Kansas
18. (a) Signature of funeral director: Reser Funeral Home
(b) Address: Warsaw, Mo
19. (a) 9-2-47 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: September day: 2 year: 1947 hour: 4 minute: 35 A. M.

21. I hereby certify that I attended the deceased from September 1, 1947 to September 2, 1947; that I last saw her alive on September 2, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Embolism of the brain, affecting head center	12 hrs.
Due to: Cholecystitis with stones gangrenous	3 days
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: Cholecystitis with stones gangrenous - appendicitis	
Of autopsy:	

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: Chas D. Osborne (M. D. or other) M.D.
Address: Sedalia Mo Date signed: 9/2/47

(Licensed Embalmer's Statement on Reverse Side)

Jefferson City Printing Co.

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

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 John F Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.