No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

32865

State File No.

FILED NOV 4 1948

Registration District No. 49

Primary Registration District No. 1002

Registrar's No. 4120

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

1. PLACE OF DEATH:

(a) County Jackson

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

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

(d) Length of stay: In hospital or institution 40 minutes (Specify whether
In this community 7 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 4620 Pennsylvania 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME GEORGE WILLIAM DRESCHER

3. (b) If veteran, name war no

3. (c) Social Security No. 705-12-7197

4. Sex M

5. Color or race Wh

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

6. (b) Name of husband or wife Edith

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased November (Month) 3 (Day) 1898 (Year)

8. AGE: Years 49 Months 11 Days 6 If less than one day hr. min.

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

10. Usual occupation Car man - Wabash Railroad

11. Industry or business

FATHER
12. Name Louis Drescher
13. Birthplace unknown (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mattie Stock
15. Birthplace unknown (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Edith Drescher
(b) Address 4620 Pennsylvania

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 10-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation Hannibal, Missouri

18. (a) Signature of funeral director Bentley Mortuary
(b) Address 5811 Troost

19. (a) 10-11-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day ~~10~~ 9 10
year 1948 hour 12 15 minute a M.

21. I hereby certify that I attended the deceased from Coroner, 19..., to ..., 19...;
that I last saw h... alive on ..., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Fractured ribs - punctured left lung
Ruptured liver, Ruptured blood vessels base

Due to of spleen, hemorrhage & shock

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

Duration

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) accident 024

(b) Date of occurrence 10-9-48

(c) Where did injury occur? North K.C. (City or town) Clay (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial place (Specify type of place)
While at work? no (e) Means of injury Auto & Train

23. Signature James C. Walker (M. D. ~~or other~~ coroner) 3
Address 1424 Pry Bldg Date signed 10-11-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Guy Buffington

Licensed Embalmer No. 2756

P. O. Address K.C. 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.