

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 28 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

39692

State File No. _____
Registrar's No. 176

Registration District No. 82

Primary Registration District No. 3017

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

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Boonville ~~Rural~~

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

(d) Length of stay: In hospital or institution 1/2 Day. (Specify whether)

In this community All of life.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 27

(c) City or town Boonville ~~rural~~ 3
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. #3
(If rural, give location)

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

If yes, name country _____

3: (a) PRINT FULL NAME Mrs. Nettie Drechsel.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Ernst Drechsel.

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased October 25 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

54 1 13 hr. min.

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

10. Usual occupation Housewife.

11. Industry or business At home.

MOTHER FATHER { 12. Name Emil Haas.

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

14. Maiden name Matilda Moehle.

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

16. (a) Informant Ernest Drechsel.

(b) Address Boonville, Mo.

17. (a) Burial (b) Date thereof Dec. 11/1948
(Burial, cremation, or removal) (Month) (Day) (Year)
Walnut Grove Cemetery

(c) Place: burial or cremation Boonville, Mo.

18. (a) Signature of funeral director Goodman & Boller.

(b) Address Boonville, Mo.

19. (a) 12-10-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8
year 1948 hour 9 minute 30 p.M.

21. I hereby certify that I attended the deceased from Dec 12
1946 to Dec 8 1948

that I last saw her alive on Dec 8 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pseudo mucinous
cyst-adenocarcinoma
of R. ovary.

Due to _____

Duration 2
years

Due to _____

Other conditions Severe sec. anemia
(Include pregnancy within 3 months of death)

Major findings: As above

Of operations _____

Of autopsy 11/9/48

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) _____

(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 6

23. Signature [Signature] (M. D. or other) MD

Address Boonville, Mo. Date signed 12/9/48

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 12-17-48

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 J. H. Goodman

Licensed Embalmer No. 1178

P. O. Address Boonville, 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.