No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 31 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42474

Registration District No. 382 | Primary Registration District No. 5545 | Registrar's No. 28

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

1. PLACE OF DEATH:
(a) County Howard
(b) City or town Rural Chariton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1 mi northeast of Glasgow
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 2 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howard
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1 mi northeast of Glasgow
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Andrew Ignatz Kressig
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sophia Hauserman
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased January (Month) 31 (Day) 1882 (Year)

8. AGE: Years 66 | Months 10 | Days 8 | If less than one day ..... hr. ..... min.

9. Birthplace Salisbury (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business .....
FATHER
12. Name Andrew Kressig
13. Birthplace ..... (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Theresa Knapp
15. Birthplace ..... (City, town, or county) Germany (State or foreign country)
16. (a) Informant Mrs Sophia Kressig
(b) Address Glasgow, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 12, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Glasgow, Mo.
18. (a) Signature of funeral director Audsley Fremont
(b) Address Glasgow, Mo.
19. (a) 12-14-48 (Date received local registrar) (b) Walker Audsley (Registrar's signature) per E. M. Fremont

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9
year 1948 hour 3 minute 15 P. M.
21. I hereby certify that I attended the deceased from 9-19, 1948, to 12-9, 1948
that I last saw him alive on 12-7, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Generalized Coronaria Sclerosis	6 mo.
Due to Carcinoma prostate	7.
Due to	51 B
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of which death should be charged statistically.

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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 J. W. Gardner (M. D. or other)
Address Glasgow, Mo. Date signed 12-14-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 1-24-49

JAN 31 1949

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 E. A. Freemont

Licensed Embalmer No. 3978

P. O. Address Glasgow, 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.