

1939 AUG 14

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

26489  
Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 668  
(b) Township \_\_\_\_\_ Primary Registration District No. 3032  
(c) City Sedalia (d) Street No. Bothwell Hospital St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 229

2. PRINT FULL NAME 246 Glenn Lonzo Ressler

(a) Residence, No. 3632 Merel Hay Rd. St.  Des Moines Iowa  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pauline Ressler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 17, 1914

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
24 10 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Chauffeur  
9. Industry or business in which work was done, as saw mill, bank, etc. Trucking  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Alba  
(STATE OR COUNTRY) Iowa

FATHER 13. NAME E.A. Ressler

14. BIRTHPLACE (CITY OR TOWN) Iowa  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Avalon Pool

16. BIRTHPLACE (CITY OR TOWN) Iowa  
(STATE OR COUNTRY)

17. INFORMANT E.A. Ressler  
(ADDRESS) Des Moines, Iowa

18. BURIAL, CREMATION, OR REMOVAL PLACE Des Moines DATE July 19/39

19. FUNERAL DIRECTOR (NAME) Gillespie Funeral Home  
(ADDRESS) Sedalia, Mo.

20. FILED 7-19-39 1939 Miss Harry Sweda 906 (Address) Sedalia Mo  
Special Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19, 1939

22. I HEREBY CERTIFY, that I attended deceased from July 18, 1939, to July 19, 1939  
I last saw him alive on July 18, 1939. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

Hemorrhage & shock Date of onset

Other contributory causes of importance: auto accident

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 7-18, 1939

Where did injury occur? Highway 6.5 S of Sedalia  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. on highway

Manner of injury auto, struck

Nature of injury left leg mangled off

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_ (Signed) M. J. Slye, M. D.

(Address) Sedalia Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1-216025

210A.

RECEIVED  
District Health Officer No. 8  
FILE NUMBER  
6839

**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, \_\_\_\_\_

*H. E. Boudelin*, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed *H. E. Boudelin*

Licensed Embalmer No. *3867*

P. O. Address *Seclusion 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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

26489

Do not use this space.

1. PLACE OF DEATH  
(a) County Pettis Registration District No. 668  
(b) Township \_\_\_\_\_ Primary Registration District No. 3032 Registered No. 229  
(c) City Sedalia (d) Street No. \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Gleason Lonzo Ressler  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m
- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) \_\_\_\_\_
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
24 10 2
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_
- FATHER  
13. NAME \_\_\_\_\_  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_
- MOTHER  
15. MAIDEN NAME \_\_\_\_\_  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_
17. INFORMANT (ADDRESS) \_\_\_\_\_
18. BURIAL, CREMATION, OR REMOVAL PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19
19. FUNERAL DIRECTOR (ADDRESS) \_\_\_\_\_
20. FILED \_\_\_\_\_ 19 \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-19-39
22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19 \_\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:  
Heart failure of shock Date of onset \_\_\_\_\_  
Other contributory causes of importance:  
Accident with truck auto  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_.  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_
24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_ (Signed) M. P. Shep. \_\_\_\_\_, M. D.  
(Address) Sedalia mo

Local Registrar.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

S-26489

1939