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DESD SEP 14 1939

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

29464  
Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 421  
(b) Township Crystal City Primary Registration District No. 5-3-750 Registered No. 63  
(c) City Crystal City (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 Katherine Resinger

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James A. Resinger  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12, 1856.  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
83 3 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
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 Life

12. BIRTHPLACE (CITY OR TOWN) Evansville 1  
(STATE OR COUNTRY) Illinois

FATHER 13. NAME -----Conley 9

14. BIRTHPLACE (CITY OR TOWN) Unknown 9  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Howard Resinger  
(ADDRESS) Crystal City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Festus Mo. DATE 8/22/39

19. FUNERAL DIRECTOR (NAME) Duester - Vinyard  
(ADDRESS) Festus Mo.

20. FILED 8/24 1939 J. E. Rutledge  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 20, 1939  
22. I HEREBY CERTIFY, That I attended deceased from March 15, 1939, to August 20, 1939  
I last saw her alive on August 20, 1939. Death is said to have occurred on the date stated above, at 10:05 P. m.  
The principal cause of death and related causes of importance were as follows:

Myocarditis Date of onset about 4 yrs ago  
93C  
Other contributory causes of importance: Hypertension 10 yrs  
arthritis 10 yrs

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical Was there an autopsy? no

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? no  
If so, specify \_\_\_\_\_  
(Signed) John F. Rutledge / M. D.  
392 (Address) Crystal City, 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.

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**