S. No. 2
I—1/47
. 5-17-39

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3

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 24 1947

Registration District No. 357

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3028

State File No. 31569

Registrar's No. 200

1. PLACE OF DEATH:

(a) County: Jasper

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

(c) Name of hospital or institution: McCune Brooks Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 22 Days (Specify whether years, months or days)

In this community: Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper 49

(c) City or town: Carthage
(If outside city or town limits, write "RURAL")

(d) Street No.: 315 South McGregor St. 3
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country:

3. (a) PRINT FULL NAME: Clish "T". DREISBACH

3. (b) If veteran, name war: No

3. (c) Social Security No.: 498-28-5136

4. Sex: M 0

5. Color or race: W

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

6. (b) Name of husband or wife: Myrtle Vinson Dreisbach

6. (c) Age of husband or wife if alive: 65 years

7. Birth date of deceased: October (Month) 24 (Day) 1873 (Year)

8. AGE: Years 73 | Months 10 | Days 23 | If less than one day: hr. min.

9. Birthplace: Carthage, (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation: Retired.

11. Industry or business:

FATHER
12. Name: Isiah Dreisbach
13. Birthplace: Unknown (City, town, or county) Ohio. (State or foreign country)

MOTHER
14. Maiden name: Anna Thacker
15. Birthplace: Carthage, (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant: Mrs. Myrtle V. Dreisbach
(b) Address: 315 So. McGregor Carthage Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9 (Month) 19 (Day) 47 (Year)
(c) Place: burial or cremation: Park Cemetery

18. (a) Signature of funeral director: Ed. C. Ulmer
(b) Address: Carthage, Mo.

19. (a) 9-18-47 (Date received local registrar) (b) L. B. Clayton M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 16th. year 1947 hour 8:50 minute P. M.

21. I hereby certify that I attended the deceased from May 27 1947 to Sept 16 1947 that I last saw him alive on Sept 16 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis, Chronic interstitial	1 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: none

Of autopsy: none

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)

(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: George H. Wood (M. D. or other)

Address: Carthage Mo Date signed: Sept 16 1947

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

4159 - ~~774~~ 774

MAY 19 1946

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.....4231.....

P. O. Address.....Carthage, 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.