0200 APR 13 1939

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

10815
Do not use this space.

1. PLACE OF DEATH
(a) County Greene 2 Registration District No. 318
(b) Township or City Springfield 1 Primary Registration District No. 2001 Registered No. 227
(c) (d) Street No. 2010 North Weller 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.

656 2. PRINT FULL NAME JUNE - DWILENE - DRUMWRIGHT
(a) Residence, No. 2010 N. Weller 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 12, 1938
7. AGE YEARS D MONTHS 7 DAYS 3 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as saw mill, bank, etc. in home
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) Springfield, Mo.

FATHER
13. NAME Dwight E. Drumwright
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Faye Berry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Dwight E. Drumwright 2010 N. Weller
18. BURIAL, CREMATION, OR REMOVAL
PLACE Rock Prairie DATE 3-17 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. W. Klingner & Co. Springfield Mo.
20. FILED 3-16 1939 Chas A. George M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-15- 1939
22. I HEREBY CERTIFY, That I attended deceased from Feb - 16 - 1939, to March 15 1939
I last saw her alive on 3-15-50 1939. Death is said to have occurred on the date stated above, at 1 P.M.
The principal cause of death and related causes of importance were as follows:
Dermatitis Gangrenosa
Date of onset
44 W
Other contributory causes of importance:
Chicken Pox -
Name of operation None Date of
What test confirmed diagnosis? ✓ 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) M. H. Burke M. D.
(Address) 410 Woodruff Bldg. Springfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-9-1938 I X16805

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 B Klinger

Licensed Embalmer No. 3358

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.