

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

12612
Do not use this space.

REC'D APR 21 1939

1. PLACE OF DEATH 2

(a) County Union Registration District No. 873

(b) Township Monticello Primary Registration District No. 4527

(c) City Monticello (d) Street No. _____ Registered No. _____

(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 655 BENJ. MAN DRUMOND

(a) Residence, No. _____ St. (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 to the deceased
Anna McAntae

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14-1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

80 8 12

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. Blacksmith

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 2 1/2

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

FATHER

13. NAME Granvil Drumond

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

MOTHER

15. MAIDEN NAME Anna McAntae

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

17. INFORMANT (ADDRESS) Mrs Fred Owens
Kansas City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oliver Branch DATE Mar. 28 1939

19. FUNERAL DIRECTOR (ADDRESS) G. B. Beery & Sons
Shelton, Mo

20. FILED March 27 1939 W. K. Knochloff
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 26 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 17, 1939, to Mar 24, 1939

I last saw him alive on Mar 24, 1939 Death is said to have occurred on the date stated above, at 4:30 am.

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

Hypertensive cardiac-vascular disease

Terminal hypertensive pneumonia

Other contributory causes of importance: malnourishment

Date of onset 1931

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) Thomas L. Smet, M. D.

(Address) Shelton, Missouri

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-7-20-37 I X12004

RECEIVED

District Health Officer No. 7,

District File Number 7-39-576

Date Filed 4-14-39

STATEMENT BY LICENSED EMBALMER

I, Carroll T. Beery, Licensed Embalmer No. 2385

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me personally

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Carroll T. Beery

Licensed Embalmer No. 2385

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.)