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APR 28 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15604

State File No. _____

Registration District No. 411

Primary Registration District No. 5813

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Seneca Rural Buffalo Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community 13 years
years, months or days (Specify whether)

3. (a) PRINT FULL NAME James Augustus Drake 1220

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Grace M. Drake 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased July 20 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 8 13 hr. _____ min.

9. Birthplace Wichita Kans
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Theodore W. Drake 19

13. Birthplace Kansas
(City, town, or county) (State or foreign country)

14. Maiden name Mary Newsome

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant x Mrs Grace M. Drake
(b) Address Seneca, Mo. RFD #1

17. (a) Burial (b) Date thereof April 5th 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Swars Prairie Baptist

18. (a) Signature of funeral director 100 Chase 515
(b) Address Seneca, Mo.

19. (a) Apr. 5, 40 (b) Merle Sparlin
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton
(c) City or town Seneca, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Dessa Community Buffalo Twp
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3 rd
year 1940 hour 8:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from Sept 1 39
_____ 19____, to April 3 1940
that I last saw him alive on April 2 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardia (chronic)

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? none
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
none

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W.C. Barnard (M. D. or other) _____
Address Seneca Mo Date signed 4/6 40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 540-1227

Date Filed MAY 6 1940

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

Corley Thompson

Licensed Embalmer No. 3259

P. O. Address

Neosho 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.