. No. 2
-4-13-40
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FILED JAN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41865

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 1309

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 do. (Specify whether 1 life)
In this community 2 mo. 4 do.
(Years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1628 S. 6th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Charles Carl Drowns
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased St. Joseph (Month) Oct. (Day) 10, (Year) 1940

8. AGE: Years 0 Months 2 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace St. Joseph (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation infant
11. Industry or business
FATHER
12. Name Carl Drowns
13. Birthplace St. Joseph (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Marietta Mc Adams
15. Birthplace Rulo (City, town, or county) Neb. (State or foreign country)
16. (a) Informant Carl Drowns
(b) Address 1628 S. 6th St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. (Month) 16, (Day) 1940 (Year)
(c) Place: burial or cremation Mt. Auburn Cem.
18. (a) Signature of funeral director Clark Mortuary 85
(b) Address 5025 King Hill Ave.
19. (a) 12-16-40 (Date received local registrar) (b) [signature] (Registrar's signature) VN

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14
year 1940 hour 7 minute 45 p M.
21. I hereby certify that I attended the deceased from 12-12, 1940, to 12-14, 1940
that I last saw him alive on 12-14, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia

Due to

Due to

Other conditions No Complications
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to 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 [signature] (M. D. or other) MD
Address St. Joseph Mo. Date signed 12-16-40

(Licensed Embalmer's Statement on Reverse Side)

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, on the 12/14/40

....., Registered Apprentice No.....

working under my personal supervision.

Signed Earl A Clark

Licensed Embalmer No. 3476

P. O. Address St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.