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FILED JUL 7 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21915

Registration District No. 417

Primary Registration District No. 3021

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: Jane Chinn Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 Days
(Specify whether years, months or days)

In this community 10 Years

3. (a) PRINT FULL NAME Hezekiah Drummond

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Katherine E. Drummond 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Aug. 29, 1866
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | <u>74</u> | <u>9</u> | <u>3</u> | hr. _____ min. _____ |

9. Birthplace Washburn, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Farming

12. Name Grandville Drummond

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

14. Maiden name Anna (last name unknown)

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

16. (a) Informant Mrs Eva Drummond (widow)

(b) Address R. R. # 2 Joplin, Mo.

17. (a) Burial (b) Date thereof 6/4/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Hedge-Nelson

(b) Address Webb City, Missouri

19. (a) JUNE 4, 1941 (b) J. T. Fitchett, III
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. R. R. # 1 Joplin, Missouri
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1941 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from June 1
1941 to June 7 1941
that I last saw him alive on June 2 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Branchial pneumonia

Due to following operation

Due to _____

Other conditions 13410
(Include pregnancy within 3 months of death)

Major findings: Calculus in vesical bladder

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? _____

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

23. Signature R. M. Stormosh (M. D. or other) _____
Address Webb City, Mo Date signed 6/3/41

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

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: *E. N. Hedge*

Licensed Embalmer No. *2859*

P. O. Address *Webb City*

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.