

FILED AUG 8 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 24619

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 281

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7  
3  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Butler

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

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

(d) Length of stay: In hospital or institution several days

In this community life 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 012

(c) City or town Poplar Bluff 7  
(If outside city or town limits, write "RURAL") 3

(d) Street No. 840 Front Street  
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

8. (a) PRINT FULL NAME Francis Drake

3. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex female | 5. Color or race white | 6. (a) Single, widowed, married, divorced single | 0

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 5, 1937  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>4</u>	<u>0</u>	<u>13</u>	hr. _____ min. _____

9. Birthplace Warsaw, Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation child

11. Industry or business self

MOTHER FATHER { 12. Name Unknown

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Pauline Drake

15. Birthplace Shelby County, Illinois 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Francis Drake

(b) Address Poplar Bluff, Missouri

17. (a) Burial (b) Date thereof July 19, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Quilin Cemetery

18. (a) Signature of funeral director Greer - Croy Funeral Ser

(b) Address Poplar Bluff, Missouri

19. (a) 7/19/41 (b) Kate Lutz  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18  
year 1941 hour 1:00 minute 10 PM

21. I hereby certify that I attended the deceased from July 10th to July 18, 1941  
that I last saw her alive on July 18, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Flu - colitis 21 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 170 W  
(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? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? Frank E. Drell MD  
(Specify type of place) (Means of injury)

23. Signature Frank E. Drell (M. D. or other) MD  
Address Poplar Bluff, Mo Date signed 7/19/41

RECEIVED

District Health Officer

District File Number 871

Date Filed 8-6-41

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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 \_\_\_\_\_

BODY NOT EMBALMED

Licensed Embalmer No. \_\_\_\_\_

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.