

DEC 18 1941

Registration District No. 80

Primary Registration District No. 2719

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Buchanan (Center) Imp  
(b) City or town St. Joseph - Rural R. 4  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
RFD #4 St. Joseph  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 7 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. RR #4 St. Joseph  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20  
year 1941 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from  
July 27 1941 to July 30 1941;  
that I last saw him alive on July 30 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Duration \_\_\_\_\_

Due to Myocarditis

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations None  
Of autopsy None

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature J. C. Clarke (M. D. or other) MD  
Address Rolla Missouri Date signed 11-21-41

3. (a) PRINT FULL NAME William T. Drais

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

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

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

7. Birth date of deceased July 1 1856  
(Month) (Day) (Year)

8. AGE: Years 85 Months 4 Days 19  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Platte County, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

12. Name James Drais

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

14. Maiden name China Richardson

15. Birthplace Platte County Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rover C Adams

(b) Address St Joseph Mo. RR #4

17. (a) Burial (b) Date thereof Nov 22 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Fleeman & Son Inc

(b) Address St Joseph, Mo.

19. (a) Nov 22 1941 (b) Mrs. Lucy Powell  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

80

1877

**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  
..... 11-20-41 ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Geo E Daniel .....

Licensed Embalmer No. 3200 .....

P. O. Address St Joseph 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, fact should be so stated above.**