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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS
DEC 17 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38542

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

19
2
5-
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin Mo.
(c) Name of hospital or institution: St. Johns Hospital
(d) Length of stay: In hospital or institution 1 day
In this community 54 Yrs

3. (a) PRINT FULL NAME John G. Drennan
3. (b) If veteran, name war **
3. (c) Social Security No. **

4. Sex Male US
5. Color White
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive 24 years
7. Birth date of deceased Feb. 24 1887

8. AGE: Years 54 Months 9 Days 1
If less than one day hr. min.

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

10. Usual occupation Painter

11. Industry or business Street City Of Joplin

12. Name Wm. Drennan

13. Birthplace Ky. /

14. Maiden name Sarah Bridges

15. Birthplace Ill. /

16. (a) Informant Raymond Drennan

(b) Address 450 N. Connor, Joplin Mo.

17. (a) Burial (b) Date thereof Nov. 28 1941

(c) Place: burial or cremation Osborn Mem, Hurbut Und Co.

18. (a) Signature of funeral director 212 Joplin Joplin Mo.

(b) Address

19. (a) 12-3-41 (b) W. E. James

(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(d) Street No. 430 N. Connor
(e) If foreign born, how long in U. S. A.? years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov 3 day 25 30P
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from 11-24-41
19 to 11-25-41 19
that I last saw him alive on 1.30 p.m. 11-25 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Coronary occlusion

Due to

Other conditions (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? (Specify type of place) (e) Means of injury

23. Signature W. E. James (M. D. or other)

Address 311 W. Main St. Date signed

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

94a

41-12-1057

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

Steve D. Parker

Licensed Embalmer No.

2548

P. O. Address

Joplin 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.