

Registration District No. 289

Primary Registration District No. 5307

1. PLACE OF DEATH:

(a) County Dunklin - Cotton Hill Twp.
(b) City or town Malden Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home - Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Most of life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dunklin
(c) City or town Malden Rural
(If outside city or town limits, write "RURAL")
(d) Street No. South West Mallory
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Samuel David Drennan

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

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 May - 23 - 1925
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
16 6 8 _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name J. D. Drennan

13. Birthplace Ky (City, town, or county) (State or foreign country) 1

14. Maiden name _____
15. Birthplace Elis Hubbard Ky (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elis Drennan

(b) Address Malden Mo RR

17. (a) Burial (b) Date thereof Dec. 2-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Mc Drew Dunklin Co.

18. (a) Signature of funeral director Landis Funeral Home

(b) Address Campbell Mo

19. (a) 12/2/41 (b) J. Mitchell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1
year 1941 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from Unattended by a Physician
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death gun that wound in abdomen by a 12 ga self inflicted
Due to _____
Due to _____

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

Major findings: Of operations 164C
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) Suicide
(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) (2) Means of injury Gun
23. Signature George G. Gilmer M.D. (M. D. or other)
Address Council of Dunklin Co Date signed 12-2-41

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

500

RECEIVED

District Health Office No. 2,

District File Number 142-7

Date Filed 1-6-42

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 Christina M Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.