

FILED JUL 10 1942

Registration District No. 668

Primary Registration District No. 3032

80
6
4

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

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: 111 W Johnson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80

(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL.")

(d) Street No. 111 W Johnson 4
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME LAURA MARSHAL DRAKE

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1942 hour 7:30 minute 12 M.

4. Sex F 3 5. Color or race Clond. 6. (a) Single, widowed, married, divorced W.

7. Name of husband or wife Louise Drake 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 31 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 19 1942 to June 23 1942
that I last saw him live on June 23 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 5 yrs

8. AGE: Years 79 Months 9 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Plot Shore Mo. (C)
(City, town, or county) (State or foreign country)

10. Usual occupation _____

Due to _____

Due to _____ 93d

Other conditions (include pregnancy within 8 months of death)

11. Industry or business _____

12. Name Marshal ✓

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

14. Maiden name Marble ✓

15. Birthplace _____ ✓
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

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

16. (a) Informant Rodney Kingsbury

(b) Address Sedalia Mo.

17. (a) Burial (b) Date thereof 6-25-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia Mo

18. (a) Signature of funeral director Mc Laughlin

(b) Address Sedalia Mo

19. (a) 6/25/42 (b) Mrs Anna Berger
(Date received local registrar) (Registrar's signature)

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 A. H. Waller (M. D. or other) M.D.
Address Sedalia Mo Date signed 6-26-42

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 7-9-42

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.....

R. E. Baker

Licensed Embalmer No. 2419

P. O. Address.....

Seclusion

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.