DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22426

Registration District No. JUL 7 1942 830

Primary Registration District No. 4003

Registrar's No. 68

1. PLACE OF DEATH
(a) County Shelby
(b) City or town Rural-Figure Fork (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED: 102
(a) State Mo. (b) County Shelby
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Linden Mo. R.R. 1 (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Edgar Davis Drake
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race W.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mary A. Drake
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 18 (Day), 1852 (Year)

8. AGE: Years 90 Months 1 Days 26 If less than one day 10 hr. 10 min.

9. Birthplace Frederick Co. (City, town, or county) Va. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name Francis E. Drake
13. Birthplace Frederick Co. (City, town, or county) Va. (State or foreign country)

MOTHER
14. Maiden name Margaret E. Ward
15. Birthplace Frederick Co. (City, town, or county) Va. (State or foreign country)

16. (a) Informant's own signature Fannie X. Ragan
(b) Address Bethel Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Looney Creek
18. (a) Signature of funeral director B. M. Fallen
(b) Address Philadelphia, Mo.
19. (a) June 22 42 (Date received local registrar) (b) Malge Gosch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 14 day June year 1942 hour 10 minute 10 A. M.

21. I hereby certify that I attended the deceased from Aug, 1941, to June 13, 1942, that I last saw him alive on June 13, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cancer of prostate gland	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature G. Howard Dutton (M. D. or other) DO
Address Bethel Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

Rev. 5-17-39 I X19311

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 10
District File Number 7-42-1423
Date Filed JUL 1-5-1942

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 B M Allen

Licensed Embalmer No. 2437

P. O. Address Philadelphia Pa

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.