

FILED OCT 9 1942

4482

Registration District No. 326

Primary Registration District No.

Registrar's No. 50

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1
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Scotland

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

(c) Name of hospital or institution: 1
(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)

3. (a) PRINT FULL NAME Anna May Drake

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced, unwedded

6. (b) Name of husband or wife Walter Drake

6. (c) Age of husband or wife if alive..... years (Day) (Year)

7. Birth date of deceased: May 18, 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

82 3 6 hr. min.

9. Birthplace Parkersburg West Va
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business.....

12. Name Barthelme Roseburger

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

14. Maiden name Margaret Wilson

15. Birthplace West Va
(City, town, or county) (State or foreign country)

16. (a) Informant Jay Roseburger

(b) Address Memphis, Mo

17. (a) burial (b) Date thereof Aug 25, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cypress Grove

18. (a) Signature of funeral director H. Wayne Jones

(b) Address Memphis, Mo

19. (a) 9-12-1942 (b) Bernice Nelson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo County Scotland

(c) City or town Memphis
(If outside city or town limits, write "RURAL")

(d) Street No.....
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24
year 1942 hour 11:00 minute..... A. M.

21. I hereby certify that I attended the deceased from June 10th 1942 to Aug 24 1942
that I last saw her alive on Aug 24 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Chronic Parenchymatous

Due to nephritis

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

Major findings: Of operations.....

Of autopsy.....

1318

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).....

(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 Dr. A. M. Keethler (or other)
Address Memphis, Mo Date signed 8-25-42

RECEIVED

District Health Officer No. 10

District File Number

Date Filed

OCT - 7 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

Neal Payne

Licensed Embalmer No.

2550

P. O. Address

Memphis 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.