V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 13 1943

Registration District No. 42

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 40238

Registrar's No. 1267

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

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 24 hours. (Specify whether years, months or days)
In this community: Life-time

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: Rural Joseph 0
(If outside city or town limits, write "RURAL")
(d) Street No.: Washington Township R.R. #5
(If rural, give location) St. Joseph, Mo.
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 1

3. (a) PRINT FULL NAME: Nicholas Peter Draut
3. (b) If veteran, name war: None
3. (c) Social Security No. 491-09-114
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Elsie Elsie Draut
6. (c) Age of husband or wife if alive: 50 years
7. Birth date of deceased: September (Month) 24 (Day) 1890 (Year)

8. AGE: Years 52 | Months 3 | Days 11 | If less than one day ____ hr. ____ min.

9. Birthplace: St. Joseph (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: City Salesman
11. Industry or business: National Biscuit Co.
MOTHER FATHER
12. Name: Nicholas P. Draut
13. Birthplace: Luxembourg (City, town, or county) Germany 4 (State or foreign country)
14. Maiden name: Bertha Battmer
15. Birthplace: Quincy (City, town, or county) Illinois. 1 (State or foreign country)
16. (a) Informant: Mrs. Elsie Draut
(b) Address: 41st & Duncan St. St Joseph Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 7, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Olivet Cemetery
18. (a) Signature of funeral director: Herman W. Oderwalder
(b) Address: 1802 Union St. St. Joseph, Mo.
19. (a) 1-7-43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: January day: 5th year: 1943 hour: 7 minute: 45 A. M.
21. I hereby certify that I attended the deceased from Jan 4, 1943 to Jan 5 1943 that I last saw him alive on Jan 5 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Embolus — R.
Duration: 8 days
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy:

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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: J. J. Chiavolino M. D. or other) MD
Address: Kirkpatrick Bldg. Date signed: 1/5/43

(Licensed Embalmer's Statement on Reverse Side)

FEB 2 1943

OCT 13 1955

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 Elbert R. Harrington

Licensed Embalmer No. 325-8

P. O. Address St. Joseph, 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.