

FILED JAN 14 1943 209

Registration District No. _____

Primary Registration District No. 3043

Registrar's No. 298

64
 3
 4

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

1. PLACE OF DEATH:
 (a) County Marion
 (b) City or town Hannibal
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution St. Elizabeth Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 20 days
 (Specify whether _____)
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Marion
 (c) City or town Palmyra
 (If outside city or town limits, write "RURAL")
 (d) Street No. Liberty Twp.
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Catherine Foreman Drummond

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife M. P. Drummond 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: May 6 1858
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>6</u>	<u>27</u>	hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER

12. Name Alexander Gillispie

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

14. Maiden name Mary Whaley

15. Birthplace Marion County, Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. L. Holland
 (b) Address Hannibal, Mo.

17. (a) Burial (b) Date thereof 12/5/42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Lewis Mason

(b) Address Palmyra, Missouri

19. (a) 12-5-42 (b) R. M. Connor
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 3
 year 1942 hour 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from Oct 15 to Dec 3, 1942
 that I last saw her alive on Dec 3, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia

Due to Cerebral hemorrhage

Due to _____

Other conditions Soreness of leg from thrombosis

Major findings: _____
 Of operations _____
 Of autopsy _____

Duration

2 da.

6 wks.

3 wks.

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? _____

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

23. Signature J. A. Hill (M. D. or other) M. D.

Address Palmyra, Mo. Date signed 12/4/42

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.....

Scott Lewis

Licensed Embalmer No.....

2382

P. O. Address.....

Palmyra 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.