

**FILED NOV 1943**

Registration District No. 22

Primary Registration District No. 1000

Registrar's No. 1127

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:  
1823 N 2nd  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 weeks  
10 years (Specify whether years, months or days)

In this community 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. 617 North 4th St  
(If rural, give location)

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

3. (a) PRINT FULL NAME George Drake

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 1, 1871  
(Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Filling Station Operat

11. Industry or business \_\_\_\_\_

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Mrs Grace Tucker

(b) Address Potter, Nebr.

17. (a) Burial (b) Date thereof 10-17-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound City, Mo.

18. (a) Signature of funeral director Tracy Barry

(b) Address 218 South 10th St, St. Joseph, Mo.

19. (a) 10/17/43 (b) Roe Heitz  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15  
year 1943 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from Sept 6  
1943 to Oct 15 1943,  
that I last saw him alive on Oct 5 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart  
Left ventricular failure

Due to arteriosclerosis

Due to \_\_\_\_\_

Duration 62 weeks

Other conditions 2002  
(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? \_\_\_\_\_

23. Signature Charles E. Korman  
(Specify type of place) (City or town) (County) (State)

Address 221 Kirkpatrick Bldg  
(City or town) (County) (State)

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

MOTHER FATHER

1283

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**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.....

.....  
working under my personal supervision.

Registered Apprentice No. ....

Signed.....

Licensed Embalmer No. *4216*

P. O. Address *St Joseph*

**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.