

REGISTRATION DISTRICT NO. 1761 9 NAC 0711

Primary Registration District No. 4874

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Oak Ridge Mo

(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 Entire life (Specify whether)

In this community Entire life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cape Girardeau

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

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME SARAH L. DRUM

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17 year 1943 hour 9: minute 15 p.m.

21. I hereby certify that I attended the deceased from 12-27 1943 to 12-17 1943 that I last saw her alive on Dec 17 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chloroform a / The Breast

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife C. C. Drum 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased June 20, 1857 (Month) (Day) (Year)

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

86 5 27 hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business Housekeeper

12. Name Daniel Crites

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

14. Maiden name Ann Isabelle

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

16. (a) Informant Anna C. Sanders

(b) Address Oak Ridge Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 19, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cemetery

18. (a) Signature of funeral director W. Miller

(b) Address Jackson

19. (a) 12-20-43 (Date received local registrar) (b) Henry Robert (registrar's signature)

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 50

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?

While at work? (Specify type of place)

(e) Means of injury

23. Signature R. D. B. Paylock (M. D. or other)

Address Oak Ridge Mo Date signed 12-16-43

1329

RECEIVED

District Health Officer No. 4
District File Number 144-309
Date Filed 1-5-44

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 J. B. Graham

Licensed Embalmer No. 4010

P. O. Address Lutetia, 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.