

FILED MAR 13 1944

State File No. _____

Registration District No. 126

Primary Registration District No. 2001

Registrar's No. 104

49
2
5

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

1. PLACE OF DEATH: Jasper

(a) County Jasper

(b) City or town Joplin

(c) Name of hospital or institution: 311 1/2 Main

(d) Length of stay: In hospital or institution 16 years

In this community 16 years

2. USUAL RESIDENCE OF DECEASED: 49

(a) State Missouri (b) County Jasper

(c) City or town Joplin

(d) Street No. 311 1/2 Main

(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Mrs. Ruth Alby Drake

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

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

6. (c) Age of husband or wife if alive deceased

7. Birth date of deceased April 2, 1852

8. AGE: Years 91, Months 10, Days 17

If less than one day hr. min.

9. Birthplace Guernsey County Ohio

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name William Stevens

13. Birthplace Ohio

14. Maiden name Lucinda Hall

15. Birthplace Ohio

16. (a) Informant Mrs. Helen Stephens

(b) Address 311 1/2 Main St

17. (a) Burial (b) Date thereof 2-22-44

(c) Place: burial or cremation Ozark Memorial

18. (a) Signature of funeral director Hurlbut Und Co.

(b) Address Joplin, Missouri

19. (a) 2-21-44 (b) [Signature] (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19

year 1944 hour 4:50 A. M. minute _____ M.

21. I hereby certify that I attended the deceased from 2-17 1944 to 2-19 1944

that I last saw him alive on 2-19 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia - Freshman Etiology unknown

Due to: Inflexibility

Other conditions: Anemia

(Include pregnancy within 3 months of death)

Major findings: Of operations 33 R

Of autopsy _____

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? _____

(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.M. Jarcies (M. D. or other)

Address Joplin, Mo. Date signed 2-19-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

44-2-168

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: *Perry T. Hurlbut*

Licensed Embalmer No. *959*

P. O. Address: *Joseph Hill*

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.