. S. No. 2
00M—2-43
v. 5-17-39
I X35697

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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 14 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19013

State File No.

Registration District No. 314 Primary Registration District No. 4459 Registrar's No.

1. PLACE OF DEATH:

(a) County St. Clair
(b) City or town Osceola
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 years (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair 93
(c) City or town Osceola 2
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary A. Drake

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 / Married

6. (b) Name of husband or wife John Drake
6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased March (Month) 9 (Day) 1884 (Year)

8. AGE: Years 60 Months 1 Days 22 If less than one day hr. min.

9. Birthplace Red River Valley (City, town, or county) Minnesota / (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business

FATHER
12. Name Willaim H. Johnson
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Elby
15. Birthplace (City, town, or county) Canada 2 (State or foreign country)

16. (a) Informant Clarence Drake
(b) Address Osceola Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-4-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Iconium Missouri

18. (a) Signature of funeral director Osceola Funeral Home
(b) Address Osceola Missouri

19. (a) May 1, 1944 (Date received local registrar) (b) F. B. Goodrich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1
year 1944 hour 7 minute 8 M.

21. I hereby certify that I attended the deceased from
, 19 , to 5-1 , 1944
that I last saw h— alive on 5-1 , 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 2 hrs.

Due to Hypertension

Due to

Other conditions (Include pregnancy within 3 months of death) 830

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

23. Signature T. H. Douglas, Jr. (M. D. or other) M. D.
Address Osceola, Mo. Date signed 5-1-44

1160

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 5-44-7489
Date Filed 6-12-44

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 H B Goodrich

Licensed Embalmer No. 3038

P. O. Address Oswego Kan

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.