

FILED NOV 4 1944

Registration District No. 62

Primary Registration District No. 5240

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Washington Township-Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XXXX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXXX (Specify whether
In this community XXX years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CEDAR 20
(c) City or town Washington Township-Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. XXX 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country XXX 0

3. (a) PRINT FULL NAME VICTOR UGENE DRAELANTS

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, MARRIED

6. (b) Name of husband or wife CLARA DRAELANTS 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased March 2, 1869 (Month) (Day) (Year)

8. AGE: Years 75 Months 6 Days 12 If less than one day XXXXX hr. min.

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

10. Usual occupation Farming

11. Industry or business XXXX

12. Name Lewis Draelants

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

14. Maiden name Elizabeth Roberson

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

16. (a) Informant L. W. Draelants

(b) Address Stockton, Missouri

17. (a) Burial (b) Date thereof 9-17-1944 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stockton, Cemetary

18. (a) Signature of funeral director CHURCH AND NEALE

(b) Address STOCKTON, MISSOURI

19. (a) 10-30-44 (b) Mrs Ethel Lebusch (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14 year 1944 hour 11 minute 00 P.M.

21. I hereby certify that I attended the deceased from 9-9-44, 19 to 9-14-1944 that I last saw him alive on 9-14-1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Mitral valve stenosis

Due to 92 h

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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? (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 0

23. Signature Wm B. Richter M.D. or other) Address Stockton, Mo Date signed 9-16-44

Duration

yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

JUL 19 1946

RECEIVED
District Health Officer No. 7,
District File Number 10-44-1200
Date Filed 11-3-44

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 *Melvin Churchill*

Licensed Embalmer No. 3272

P. O. Address.....

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.