

S. No. 2
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V X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 4 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40074**
Registrar's No. **5227**

Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town J.E.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Independence ave and Jackson
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 9 months 3 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO. (b) County Jackson
 (c) City or town J.E. (If outside city or town limits, write "RURAL")
 (d) Street No. 215 S Jackson (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Floyd H. Drummer
 3. (b) If veteran, name war no
 3. (c) Social Security No. Dist Kans

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 12 day 23
 year 1944 hour 9:40 minute P M.

4. Sex M 0 5. Color or race wh
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife naid 6. (c) Age of husband or wife, if alive naid years

21. I hereby certify that I attended the deceased from 19
Deputy Coroner
 that I last saw him alive on 19
 and that death occurred on the date and hour stated above.

7. Birth date of deceased: April 6 - 1888
(Month) (Day) (Year)

Immediate cause of death:
Fracture of Skull
FR both leg below knees
Due to FR R. Arm left chest
Multiple body bruises
Due to Automobile Traumatism

8. AGE: Years 56 Months 8 Days 17
 If less than one day _____ hr. _____ min.

Due to Pedestrian
 Other conditions none
(Include pregnancy within 3 months of death)

9. Birthplace: Detroit Michigan
(City, town, or county) (State or foreign country)
 10. Usual occupation Welder
 11. Industry or business _____
 12. Name unknown
 13. Birthplace unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Eva Crampin
 15. Birthplace Mich
(City, town, or county) (State or foreign country)

Major findings:
 Of operations none 170c
21
 Of autopsy see above
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Nora Drummer
 (b) Address 215 S Jackson
 17. (a) burial (b) Date thereof 12-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Ebmevad
 18. (a) Signature of funeral director H. Jegerman and son
 (b) Address J.E.
 19. (a) 12-23-44 (b) D.E. Brown
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) accident 123
 (b) Date of occurrence 12/23/1944
 (c) Where did injury occur Jackson, Mo (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
 While at work? NO (Specify type of place)
 (2) Means of injury Auto accident
 23. Signature J. D. Owens (M. D. or _____)
 Address J.E. Date signed 12/24/44

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. S. Walton*

Licensed Embalmer No. *2744*

P. O. Address *K. C. 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.