

FILED MAR 15 1945

Registration District No. 63

Primary Registration District No. 3021

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town DeSoto
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
619 N. Second /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
82 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town DeSoto 50
(If outside city or town limits, write "RURAL")
(d) Street No. 619 N. Second 2
(If rural, give location) 2
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRANCIS MARION DRENNEN

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary A. McGee 6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased Nov. 12 - 1862
(Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 20 If less than one day hr. _____ min. _____

9. Birthplace Jefferson Co. Mo. A
(City, town, or county) (State or foreign country)

10. Usual occupation Ret. Farmer

11. Industry or business _____
12. Name Jasha Drennen
13. Birthplace ? (City, town, or county) (State or foreign country)
14. Maiden name Jane Cook
15. Birthplace ? (City, town, or county) (State or foreign country)

16. (a) Informant Mr. W.E. Spungen
(b) Address DeSoto - Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 4 - 1945
(Month) (Day) (Year)
(c) Place: burial or cremation DK Luckey - Rural

18. (a) Signature of funeral director Lee Mothershead
(b) Address DeSoto, Mo.

19. (a) 1-12-45 (Date received local registrar) (b) Fern Spungen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2 year 1945 hour 3 minute 30 A.

21. I hereby certify that I attended the deceased from Jan 11, 1945, to Feb 7, 1945, that I last saw him alive on Feb 1, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis (alcoholic) yes

Due to Chronic nephritis yes

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 31
Of autopsy _____

Duration

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 J. P. Ingels (M., D. or other) Do
Address DeSoto Date signed 2/2/45

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

29206

RECEIVED

District No. 9,

District No. 9,

Date Filed 2-13-45

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. E. Motherhead

Licensed Embalmer No. 3531

P. O. Address Leeds Md

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.