

S. No. 2
M-2-43.
5-17-39.
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41466**

FILED JAN 5 1946

Registration District No. **155**

Primary Registration District No. **3127**

Registrar's No. **121**

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Webb Mo.
(c) Name of hospital or institution Jane Chinn Hospital
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution 2 da.
In this community Janet.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill. (b) County 999
(c) City or town Charlton Ill. 11
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no 21
(Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FRED DYAKE

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

4. Sex M.C. 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 17. 1897
(Month) (Day) (Year)

8. AGE: Years 48 Months 8 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Colo. Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER

12. Name Henry Drake

13. Birthplace no data Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Martha E Horn

15. Birthplace no data 9
(City, town, or county) (State or foreign country)

16. (a) Informant Lulu Drake 1

(b) Address Charlton Ill.

17. (a) Burial (b) Date thereof 12/9-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Lawn Cem Charlton Ill.

18. (a) Signature of funeral director W. B. ...

(b) Address 12/8/45
(Date received local registrar)

(c) J. L. ... (d) _____
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 8
year 1945 hour 7 minute a.m.

21. I hereby certify that I attended the deceased from 12-5
1945 to _____ 1945

that I last saw him alive on 12-8 1945
and that death occurred on the date and hour registered above.

Immediate cause of death Influenza
Duration 5 days

Due to _____

Due to _____

Other conditions Myocarditis Chronic
(Include pregnancy within 3 months of death)

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? _____

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

Signature C. F. Gregory (M. D. or other) 2:00

Address Webb City, Mo. Date signed 12/8/45

1640

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 10 1946

MAR 18 1946

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

Richard Gray Lewis

Licensed Embalmer No. *4403*

P. O. Address *Webb City, 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.