

FILED JUN 25 1946  
 199

Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 2647

1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Kansas City  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Mary's Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 5 hrs  
 (Specify whether  
 In this community 20 Years  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte  
 (c) City or town Kansas City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4468 Adams  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country .....

3. (a) PRINT FULL NAME Charles Earl Drake

3. (b) If veteran, name war. none 3. (c) Social Security No. 486-05-5482

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Mrs. Ethel M. Drake 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased. October 18 1899  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
46 7 24 hr. min.

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

10. Usual occupation Maintenance man

11. Industry or business Rodney Milling Company

MOTHER FATHER

12. Name James J. Drake  
 13. Birthplace Warrensburg Missouri  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Emma Burkam  
 15. Birthplace Warrensburg Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ethel M. Drake

(b) Address 4468 Adams

17. (a) Burial (b) Date thereof 6/17/46  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill Cem Warrensburg, Mo.

18. (a) Signature of funeral director Gates Funeral Home

(b) Address 1901 Olathe Blvd. K.C.K.

19. (a) 6-15-46 (b) Geraldine Holmes  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12  
 year 1946 hour 11:50 minute P. M.

21. I hereby certify that I attended the deceased from June 10 1946 to June 12 1946  
 that I last saw him alive on June 12 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 5 hrs.

Due to .....

Due to .....

Other conditions g/y/a  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations .....

Of autopsy Coronary Thrombosis

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? .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Sunset Hill Cem Warrensburg, Mo.

(Specify type of place) While at work? .....

(e) Means of injury Car

23. Signature Edwin P. Currier M.D. (M.D. or other)  
 Address 242 Plym Medical Bldg Date signed 6/14/46

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

15100

**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 *D. Ross Blanford*

Licensed Embalmer No. *4015*

P. O. Address *414 State Line*

**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.