

FILED AUG 9 1946 STANDARD CERTIFICATE OF DEATH

22592

State File No.

Registration District No. 5

Primary Registration District No. 4016

Registrar's No.

1. PLACE OF DEATH:

(a) County Atchison
(b) City or town Tarkio
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison
(c) City or town Tarkio
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? NO
If yes, name country --

3. (a) PRINT FULL NAME MARTHA LOU DRAGOO

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

4. Sex female / 5. Color or race white 6. (a) Single, widowed, married, divorced infant
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 19 1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
-- 2 11 hr. min.

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

10. Usual occupation infant

11. Industry or business

MOTHER FATHER

12. Name Ralph O. Drago
13. Birthplace Meadville Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Jeannette Doughman
15. Birthplace Parson Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph O. Drago
(b) Address Tarkio, Missouri

17. (a) burial (b) Date thereof 7/31/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tarkio Home Cemetery

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

(b) Address Tarkio, Missouri

19. (a) 7-31-46 (b) Dr. H. O. Querryham
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1946 hour 5 minute -- a. M.

21. I hereby certify that I attended the deceased from July - 29 - 46
to July - 30 - 1946, to 1946;
that I last saw her alive on July - 30 - 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death: Lobes pneumonia of right lung 2 days
and bronche pneumonia of left lung 2 days
Due to Pneumonia birth and imperfect development
Due to

Duration

Other conditions (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:

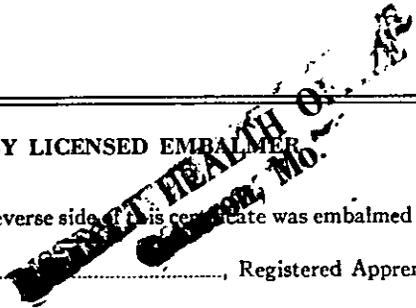
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature J. M. Davis (M. D. or D. O.)
Address Tarkio Mo. Date signed 7/31/46

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

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. M. Davis

Licensed Embalmer No. 2394

P. O. Address..... Tarkio, Missouri.....

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.