S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

26826

State File No.

FILED AUG 28 1946

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 643

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

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: O'Reilly General Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr, 4 mo, 18 da. In this community 1 yr, 4 mo, 18 da. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Oklahoma (b) County Tulsa 99
(c) City or town Tulsa 34 (If outside city or town limits, write "RURAL")
(d) Street No. 2448 E. 7th St. 0 (If rural, give location)
(e) Citizen of foreign country? No 2 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FLOYD R. DRAKE
3. (b) If veteran, name war WORLD WAR II
3. (c) Social Security No. UNK.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Kathryn Decker Drake
6. (c) Age of husband or wife if alive UNK. years
7. Birth date of deceased August (Month) 21 (Day) 1921 (Year)

8. AGE: Years	Months	Days	If less than one day
24	11	12	hr. min.

9. Birthplace Sioux City (City, town, or county) Iowa 1 (State or foreign country)
10. Usual occupation Officer
11. Industry or business U. S. Army
FATHER 12. Name Edward Drake
FATHER 13. Birthplace Unknown (City, town, or county) UNK. 9 (State or foreign country)
MOTHER 14. Maiden name Lucy Lepper
MOTHER 15. Birthplace Unknown (City, town, or county) UNK. 9 (State or foreign country)
16. (a) Informant Mrs Floyd R. Drake (Wife)
(b) Address 2448 - E. 7th St. Tulsa, Okla
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 5, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Rock Island, Illinois.
18. (a) Signature of funeral director ALMA LOHMEYER FUNERAL HOME
(b) Address SPRINGFIELD, MISSOURI
19. (a) 8-5-46 (Date received local registrar) (b) W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3 year 1946 hour 10 minute 00 P.M.
21. I hereby certify that I attended the deceased from 15 March 1945 to 3 August 1946; that I last saw him alive on 3 August 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary embolii	31 hrs.
due to Thrombosis, superficial femoral vein, postoperative	Unknown
Due to Paralysis of nerve, common peroneal, left, complete, level of sciatic notch.	2yr, 7mo.
Due to Wound, penetrating, severe, left scrotum, testicle and thigh, incurred in action.	2 yr, 7mo
Other conditions None (Include pregnancy within 3 months of death)	

1005

Major findings: Of operations Thrombosed superficial femoral vein, left.
Of autopsy Confirmation of above diagnoses and massive embolii in right pulmonary artery.

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) Battle casualty. 136
(b) Date of occurrence 9 January 1944.
(c) Where did injury occur? near Canovia, Italy. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Battlefield
While at work Fighting (Specify type of place) (e) Means of injury Machine-gun bullet 0
23. Signature Frank P. Stone Capt. M.C. (M.D. or other)
Address O'Reilly GH, Spgfld, Mo. Date signed 8/5/46

(Licensed Embalmer's Statement on Reverse Side)

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 Frank Gable

Licensed Embalmer No. 4140

P. O. Address Springfield, Me

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.

X