

FILED JAN 23 1947

Registration District No. 27

Primary Registration District No. 9005

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

1. PLACE OF DEATH:  
 (a) County Bates  
 (b) City or town Butler, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Butler, Memorial Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community All of life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Bates 7  
 (c) City or town Butler RFD2 0  
(If outside city or town limits, write "RURAL") 0  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_ (1)

3. (a) PRINT FULL NAME Arlie G. Drennan  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Dec day 1  
 year 46 hour 10 minute 5 AM.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Grace Drennan 6. (c) Age of husband or wife if alive 57 years  
 7. Birth date of deceased Dec. 28 1878  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 8 to Dec 1st 1946  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_\_  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death \_\_\_\_\_  
Complications of the pneumonia

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>11</u>	<u>3</u>	hr. _____ min. _____

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

9. Birthplace Bates Co. 0 Missouri  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Farmer

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
 12. Name Francis Drennan  
 13. Birthplace Illinois  
(City, town, or county) (State or foreign country)  
 14. Maiden name Sarah Graham  
Ill.  
 15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.  
U612

16. (a) Informant Grace Drennan  
 (b) Address Butler RFD 2, Missouri  
 17. (a) Burial (b) Date thereof Dec. 2, 46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Oak Hill Cemetery

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? \_\_\_\_\_

18. (a) Signature of funeral director Culver Underwood  
 (b) Address Butler, Missouri  
 19. (a) 12-7-46 (b) Harold K. Gray  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury  
 23. Signature L. D. Latham (M. D. or other) Ord  
 Address Butler, Mo Date 12-4-46

Lt. 201  
1682-77-21  
11 10, 1911

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**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 *Wm G Underwood*

Licensed Embalmer No. 3585

P. O. Address Butler, 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.**