

FILED JAN 9 1947

Registration District No. 11847

Primary Registration District No. 2028

Registrar's No. 3

1. PLACE OF DEATH:
(a) County Franklin.
(b) City or town Washington.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 115 E. 2nd St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None.
(Specify whether
In this community life.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin
(c) City or town Washington
(If outside city or town limits, write "RURAL")
(d) Street No. 115 E. 2nd St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Joseph Anthony Droege.
3. (b) If veteran, name war X
3. (c) Social Security No. 488-12-7096

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JANUARY day 2
year 1947 hour 8 minute 45 A. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife X
6. (c) Age of husband or wife if alive X years
7. Birth date of deceased April 25th, 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 2, 1947 to Jan 2, 1947
that I last saw him alive on Jan 1, 1947
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>8</u>	<u>7</u>hr.min.

Immediate cause of death Myocarditis chr
Duration 5 years

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

Due to.....
Due to.....

10. Usual occupation Shipping Clerk, Pipe Factory.

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

11. Industry or business.....
12. Name John G. Droege.
13. Birthplace Hanover, Germany.
(City, town, or county) (State or foreign country)
14. Maiden name Gertrude Eckeler.
15. Birthplace Krakow, Missouri.
(City, town, or county) (State or foreign country)

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.....

16. (a) Informant Agnis Droege
(b) Address 115 E. 2nd St. Washington, Mo.
17. (a) Burial (b) Date thereof Jan. 4, 1947.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington, Mo.

23. Signature Frank P. Mays (M. D. or other) M.D.
Address 211 2nd St. Washington Mo. Date signed 1-3-47

18. (a) Signature of funeral director Hilberg Witt, Inc.
(b) Address Washington, Mo.
19. (a) 1/3/47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

28-6

79

Dr. F. D. Mays

RECEIVED
District Health Officer No. 91
District File Number
Date Filed JAN 8 1947

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 Lester A. Vitt

Licensed Embalmer No. 3254

P. O. Address Washington, 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.