

Registration District No. 149 Primary Registration District No. 1002

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

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: General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mos. 23 days
(Specify whether years, months or days)

In this community 60 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Harry A. Drake

3. (b) If veteran, name war NCO

3. (c) Social Security No. 494-16-7114

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Anna M. Wood Drake

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Jan. 3 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

60 6 0 hr. min.

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

10. Usual occupation _____

11. Industry or business architect

12. Name D. R. Drake

13. Birthplace New York
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace Pa.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Harry A Drake

(b) Address 2822 East 21 st

17. (a) (Burial, cremation, or removal)

(b) Date thereof 7/13/47
(Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cem

18. (a) Signature of funeral director Stone-McClure

(b) Address Kansas City Mo

19. (a) 7-4-47 (Date received local registrar)

(b) Steraldine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 2822 E. 21 St.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3

year 1947 hour 2 minute 50 AM

21. I hereby certify that I attended the deceased from April 10, 1947 to July 3, 1947.

that I last saw him alive on July 3, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism and infarction of left lower lobe of lung

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1110

Major findings: _____

Of operations _____

Of autopsy See above

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? 0

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Wm W. Hart (M. D. or other) MD

Address Med. Dir. Gen'l Hosp. Date signed 7-3-47

48
3
8
0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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. T. Oliver

Licensed Embalmer No.

475

P. O. Address

R. C. Moore

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.