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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 25 1947
Registration District No. 32

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30326**
Registrar's No. 68

Primary Registration District No. 4043

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

1. PLACE OF DEATH:

(a) County BOLLINGER
(b) City or town MARBLE HILL
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ (Specify whether)
In this community 1 YEAR years, months or days

3. (a) PRINT FULL NAME EUGENIE LOUISE DEW
LADY E. L. DRAKE LA MARQUISE de DUMAS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 3 / 1 5. Color or race w 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased NOV 23 1876
(Month) (Day) (Year)

8. AGE: Years 70 Months 9 Days 19 If less than one day hr. _____ min. _____

9. Birthplace LINCOLN MASS 1
(City, town, or county) (State or foreign country)

10. Usual occupation HUMANITARIAN for ENGLAND

11. Industry or business _____

12. Name DARILS FRIEND DRAKE 1

13. Birthplace MAINE 1
(City, town, or county) (State or foreign country)

14. Maiden name _____ 15. Birthplace MAINE 1
(City, town, or county) (State or foreign country)

16. (a) Informant MINNA GENE BOLLINGER

(b) Address MARBLE HILL, MO.

17. (a) Burial (b) Date thereof Sept. 14, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LUTESVILLE, MO.

18. (c) Signature of funeral director BAKER FUNERAL HOME
(b) Address LUTESVILLE, MO.

19. (a) Sept. 15, 1947 (b) Mills Danforth
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State ENGLAND (b) County 9
(c) City or town LONDON (If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 12 th
year 1947 hour 1:00 minute A.M.

21. I hereby certify that I attended the deceased from Dec 12
1947 to Sept 12 1947
that I last saw him alive on Sept 12 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia Duration 3 da

Due to R. P. Newipaequin 2 ya

Other conditions Hypertension 1
the myocardia

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) no
(b) Date of occurrence no
(c) Where did injury occur? no (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? no (Specify type of place) (e) Means of injury 0

23. Signature W. S. Sauber (M. D. _____)
Address Dunesville, MO. Date signed 9/15/47

RECEIVED

Health Officer No. 4
File Number 947-122
Date Filed 9-24-41

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. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.