S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30679

State File No.

Registration District No. 64 Primary Registration District No. 5247 Registrar's No. 55

1. PLACE OF DEATH:

(a) County Chariton

(b) City or town Rural, Salisbury
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Whole life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Chariton 21

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Mary Sue Draper

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife Walter Draper

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Apr (Month) 6 (Day) 1903 (Year)

8. AGE: Years 44 Months 5 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Frank Bertsch
13. Birthplace ..... (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Annie McGavan
15. Birthplace ..... (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Walter Draper
(b) Address Salisbury

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 (Month) 13 (Day) 47 (Year)
(c) Place: burial or cremation Salisbury

18. (a) Signature of funeral director Winkelmeyer & Co
(b) Address Salisbury Mo

19. (a) 9-22-47 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11
year 1947 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from Sept 10, 1947, to Sept 11, 1947, that I last saw her alive on Sept 11, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 2 days

Due to Arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

83 A

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)

(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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature W. C. Alexander (M. D. or other)

Address Chiflam Hill Mo Date signed 9-15-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-25-47

SEP 26 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 Geo B Wunkelmeyer

Licensed Embalmer No. 2125

P. O. Address Salisbury 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.