

No. 2
-12-45
-17-39
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FILED DEC 2 1947

State File No. _____

Registration District No. 337

Primary Registration District No. 4499

Registrar's No. 112

1. PLACE OF DEATH:
(c) County Shelby, Shelbina
(b) City or town Shelbina
(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 78 years (Specify whether _____)
years, months or days

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

3. (a) PRINT FULL NAME ETTA L. DRAYO
3. (b) If veteran, _____ name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 6
year 1947 hour 3:00 minute 10 M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Charles E. Drayo
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 13 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 28, 1947, to Nov 6, 1947, that I last saw her alive on Nov 5, 1947, and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 10 Days 23
If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral Thrombosis
Duration _____

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

Due to fractured neck of femur

10. Usual occupation Housewife

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

11. Industry or business _____

Major findings: Of operations _____

MOTHER FATHER
12. Name George W. Coard
13. Birthplace Trayer Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Martha Susan Coard
15. Birthplace Thigerville Illinois
(City, town, or county) (State or foreign country)

Of autopsy ADDITIONAL SUPPLEMENTAL INFORMATION
PHYSICIAN _____ Underline the cause to which death should be charged statistically.

16. (a) Informant Martha Coard
(b) Address Shelbina, Mo.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Oct 28
(c) Where did injury occur? her home
(City or town) (County) (State)

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov-9-1947
(Month) (Day) (Year)
(c) Place: burial or cremation Shelbina, Mo.

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at her home in Shelbina Mo
(Specify type of place) _____
While at work? _____ (g) Means of injury _____

18. (a) Signature of funeral director E. P. Thompson
(b) Address Shelbina, Mo.
19. (a) Nov 25 47 (Date received local registrar) (b) Edith Jansen (Registrar's signature)

23. Signature E. P. Thompson (M. D. or other) DO
Address Shelbina Mo. Date signed Nov 19 1947

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

RECEIVED
District Health Officer No. 10
District File Number 12-47-1633
Date DEC - 1 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.....

Paul E. Hayes

Registered Apprentice No. *417*

working under my personal supervision.

Signed.....

Jack Hayes

Licensed Embalmer No. *3699*

P. O. Address *Peekin, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. See
Registrar's No. 112

Registration District No. 337 Primary Registration District No. 4499

1. PLACE OF DEATH:
(a) County Shelby Shelby
(b) City or town Shelby
(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 _____
years, months or days)

3. (a) PRINT FULL NAME Etta J. Dravo
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color w 6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year _____
7. Birth date of deceased see 13 (Month) (Day) (Year)

8. AGE: Years 78 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____
11. Industry or business _____

MOTHER FATHER
12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____
(b) Address _____

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

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month _____ Day 6
Year 1947 Hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____;
that I last saw him/her alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____
Due to _____

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

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence Oct 27
(c) Where did injury occur? Shelby Shelby Co. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
fell in floor in her house
While at work? at home (Specify type of place) (e) Means of injury fractured hip
23. Signature left (M.D. or other)
Address _____ Date signed _____

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

SUPPLEMENTARY

