300
-47
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3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 21 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18735

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 645

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Saint Joseph Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. Methodist Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 2 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess 31

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

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

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Betty Ann Drydale

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased 6 (Month) - 20 (Day) - 1944 (Year)

8. AGE: ✓

Years	Months	Days	If less than one day
3	11	20	hr. min.

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

10. Usual occupation None

11. Industry or business none

FATHER
12. Name William Dale Drydale
13. Birthplace Barnard (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Lola Hughs
15. Birthplace Santa Rosa (City, town, or county) Mo. (State or foreign country)

16. (a) Informant William Dale Drydale
(b) Address ~~Pattonsburg~~ Coffey Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (Month) / 13 (Day) / 48 (Year)
(c) Place: burial ~~or cremation~~ Coffey Mo.

18. (a) Signature of funeral director Robert V. Dunham
(b) Address Pattonsburg Mo.

19. (a) 6-14-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 2871

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 10 year 1948 hour 10:15 minute P M.

21. I hereby certify that I attended the deceased from 6-8-48, 19, to 6-10-48, 19; that I last saw her alive on 6-10-48, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Nephrosis	5 wks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

133B

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 H. C. Petersen (M. D. ~~or other~~)

Address St Joseph Mo. Date signed 6-12-48

(Licensed Embalmer's Statement on Reverse Side)

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 Robert V. Dunham, Registered Apprentice No. 50 working under my personal supervision.

Signed G. S. Gromer

Licensed Embalmer No. 2857

P. O. Address Pattonsburg, 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.