

FILED AUG 13 1948

Registration District No. 297MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 23930Primary Registration District No. 6022Registrar's No. 66

1. PLACE OF DEATH:

(a) County Ray
 (b) City or town Richmond "Rural" Richmond Twnshp
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3 miles south of Richmond 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 76 years
 years, months or days)

3: (a) PRINT FULL NAME EDITH DRAVENSTOTT

3: (b) If veteran, name war None
 3: (c) Social Security No. None

4. Sex Female / 5. Color or race White
 6: (a) Single, widowed, married, divorced Widowed 2
 6: (b) Name of husband or wife Joseph Dravenstott
 6: (c) Age of husband or wife if alive deceased
 7. Birth date of deceased March 28, 1872
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>4</u>	<u>2</u>	_____ hr. _____ min.

9. Birthplace Ray County, Missouri 1
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
 12. Name George Wells
 13. Birthplace Georgia 1
 (City, town, or county) (State or foreign country)
 14. Maiden name Margaret Ailer
 15. Birthplace Brookfield, Missouri 0
 (City, town, or county) (State or foreign country)

16: (a) Informant Jenne Dravenstott
 (b) Address Richmond, Missouri

17: (a) Burial (b) Date thereof Aug. 1, 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond, Missouri

18: (a) Signature of funeral director Thurman Funeral Home
 (b) Address 627 East Main St., Richmond, Mo.

19: (a) Aug 1 - 1948 (b) Mabel Jackson
 (Date received local registrar) (Registrar's signature) 17 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 84
 (c) City or town Richmond "Rural" Richmond Twnshp
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3 miles south of Richmond 0
 (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 30th
 year 1948 hour 8:30 minute P. M.
Jan 1945

21. I hereby certify that I attended the deceased from _____, 19____, to July, 1948;
 that I last saw her alive on July 16, 1948;
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of breast, Duration _____

Due to _____

Due to _____

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) _____

(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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury 0

23. Signature Mabel Jackson (M. D. or other) _____
 Address Richmond Mo Date signed 8/1/48

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

8-12-48

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.....

William L. Thurman

, Registered Apprentice No. 65

working under my personal supervision.

Signed

William L. Thurman

Licensed Embalmer No. 2073

P. O. Address.....

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.