

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

26157
Do not use this space.

1. PLACE OF DEATH

(a) County Dunklin Registration District No. 508
(b) Township 1 Primary Registration District No. 3026
(c) City or Chillicothe (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Henry W. Druen
(a) Residence, No. 434 Vine St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna D Druen
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April-14-1863
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 - 3 - 4
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as saw mill, bank, etc. local & Feed
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

FATHER 13. NAME Henry W. Druen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

MOTHER 15. MAIDEN NAME Sissie Vedder

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Anna Druen Chillicothe Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Edgewood Cem DATE July-20, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) last Jordan Chillicothe Mo

20. FILED 7-21, 1939 H. Myron, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July-18-1939

22. I HEREBY CERTIFY That I attended deceased from June 1937 to July 18, 1938
I first saw him alive on July 2, 1939 Death is said to have occurred on the date stated above, at 6:45 m.
The principal cause of death and related causes of importance were as follows:

Heart decompensation? Date of onset 1937
93C

Other contributory causes of importance: chronic myocarditis 1937

Name of operation None Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____ (Signed) R. B. Brennan, M. D.
(Address) Chillicothe, Missouri

Officer No. 111
839-996
AUG 9 1939

7-13-39 1251

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.....

Donald F. Gordon

Registered Apprentice No. 223

working under my personal supervision.

Signed James D. Gordon

Licensed Embalmer No. 1870

P. O. Address Lehillicoth

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, above space should be left blank.