

Registration District No. 44Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Joplin
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Johns Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 Days
 (Specify whether
 In this community 60 Years
 years, months or days)

3. (a) PRINT FULL NAME Louia Clarence Drane 1578

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Isabella Drane 6. (c) Age of husband or wife if alive 63 years7. Birth date of deceased Nov, 18, 1869
(Month) (Day) (Year)8. AGE: Years 70 Months --- Days 6 If less than one day hr. _____ min. _____9. Birthplace Newton Co., Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Peace officer11. Industry or business City of Joplin12. Name James N. Drane13. Birthplace Ky.
(City, town, or county) (State or foreign country)14. Maiden name Mollie Gilbert
(City, town, or county) (State or foreign country)15. Birthplace Ky.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Wife(b) Address 2328 Va. Joplin Mo17. (a) Burial (b) Date thereof Nov. 27, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Fairview Cem.18. (a) Signature of funeral director Hurlbut Und. Co.(b) Address 212 Joplin St. Joplin Mo. 2919. (a) 11-25-39 (b) Ed Dennis
(Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Joplin
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2328 Virginia
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24
year 1939 hour 10 minute _____ A. M.21. I hereby certify that I attended the deceased from April 14, 1939 to Nov 24, 1939
that I last saw him alive on Nov 24, 1939
and that death occurred on the date and hour stated above.Immediate cause of death Hypostatic Pneumonia
Duration _____Due to Bronchial Asthma

Due to _____

Other conditions 956
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____Of autopsy 112

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 _____28. Signature [Signature] (M. D. or other) _____Address [Address] Date signed 11/25/39

RECEIVED

District Health Officer No. 6,

District File Number 1239-2510

Date Filed DEC 7 1939

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.....

Licensed Embalmer No.....

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, above space should be left blank.