

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
STANDARD CERTIFICATE OF DEATH

State File No. 43062

Registration District No. 171

Primary Registration District No. 4100

Registrar's No. 24

1. PLACE OF DEATH: 2
 (a) County Christian
 (b) City or town Keystesville
 (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
 In this community all her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1
 (a) State MO (b) County CHRISTIAN
 (c) City or town KEYTESVILLE MO
 (If outside city or town limits, write "RURAL")
 (d) Street No.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME FRANCIS LOUISE DREW LAD
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month DEC, day 25TH, year 1939 hour 2 minute 15 P M
 21. I hereby certify that I attended the deceased from Dec 15, 1939, to Dec 25, 1939; that I last saw her alive on Dec 25, 1939; and that death occurred on the date and hour stated above.

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: May 1872 1902
 (Month) (Day) (Year)

Immediate cause of death lobar pneumonia Duration 12-15-39 to 12-25-39

8. AGE: Years 17 Months 7 Days 17 If less than one day hr. _____ min. _____

Due to complication of scarlet fever, onset 12-12-39
 Due to _____

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

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

10. Usual occupation SCHOOL-GIRL

Major findings: Of operations §

11. Industry or business _____

Of autopsy _____

MOTHER FATHER { 12. Name JOHN DREW 0
 13. Birthplace KEYTESVILLE MO 0
 (City, town, or county) (State or foreign country)

14. Maiden name LOUISE STEVENS
 15. Birthplace SLATER MO
 (City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Louise Drew
 (b) Address Keystesville MO

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

17. (a) BURIAL (b) Date thereof DEC 26-1939
 (Burial, cremation, or removal) (Month) (Day) (Year)

(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? _____

(c) Place: burial or cremation KEYTESVILLE

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

18. (a) Signature of funeral director HYDE AND GARNETT
 (b) Address KEYTESVILLE MO 190

23. Signature Ralph Earhart (M. D. or other) DO

19. (a) 12125139 (b) Mrs Regan
 (Date received local registrar) (Registrar's signature)

Address Keystesville MO Date signed _____

RECEIVED
District Health Officer No. 8,
District File Number 115/40
Date Filed

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.