

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43342

State File No.

Registration District No. 991

Primary Registration District No. 5419

Registrar's No.

1. PLACE OF DEATH:

- (a) County Gasconade
(b) City or town Rural Third creek
(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 (Specify whether

In this community.

years, months or days)

3. (a) PRINT

FULL NAME

HAROLD LEE DRUSCH 171

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 single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

alive years

7. Birth date of deceased

Dec
(Month)

25
(Day)

1939
(Year)

8. AGE:

Years

Months

Days

If less than one day

0

0

0

1 hr.

min.

9. Birthplace

Gasconade, Mo.

Missouri
(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Benjamin H Drusch

13. Birthplace Woollam

Mo
(State or foreign country)

14. Maiden name Violet Perkins

15. Birthplace Blount

Mo
(State or foreign country)

16. (a) Informant's own signature Benjamin H Drusch

(b) Address Owensville, Mo. R 2

17. (a) (b) Date thereof Dec. 27-1939

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation Third creek Baptist Ch. Blount, R 2

18. (a) Signature of funeral director W.F. Gattermeyer

(b) Address Owensville, Mo.

19. (a) 17/16/39

(b) J.C. Price

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Gasconade

- (c) City or town Rural
(If outside city or town limits, write "RURAL.")

- (d) Street No. Owensville R 2
(If rural, give location)

- (e) If foreign born, how long in U. S. A? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25
year 1939 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from 12-25
1939, to 12-25, 1939.

- that I last saw him alive on 12-25, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death

Prematurity (9 mos. and 3 wks.)
with heart failure.

Duration

1 hour.

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

23. Signature Paul Brenner (M. D. or other)

Address Owensville, Mo. Date signed 12-26-39

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.