

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

2394
Do not use this space.

FILED FEB 13 1940

1. **PLACE OF DEATH**
 (a) County GREENE Registration District No. 316
 (b) Township SPRINGFIELD Primary Registration District No. 2001 Registered No. 60
 (c) City SPRINGFIELD (d) Street No. Springfield Baptist Hospital 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** Eddie Floyd Drysdale
 (a) Residence, No. Walnut Iron Mo St. Walnut Iron Mo R.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. **SEX** M 4. **COLOR OR RACE** White 5. **SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word)

5A. **IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

6. **DATE OF BIRTH (MONTH, DAY, AND YEAR)** May-20-1939

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>7</u>	<u>7</u>	<u>29</u>		

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

FATHER
 12. **BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Walnut Iron Mo
 13. **NAME** Lester Drysdale

MOTHER
 14. **BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Strofford Mo
 15. **MAIDEN NAME** Dorothy Lee Davis
 16. **BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Walnut Iron Mo

17. **INFORMANT (ADDRESS)** Lester Drysdale Walnut Iron Mo

18. **BURIAL, CREMATION, OR REMOVAL PLACE** Walnut Iron **DATE** Jan-20-40

19. **FUNERAL DIRECTOR (NAME) (ADDRESS)** Brown & Turner Service Walnut Iron Mo

20. **FILED** 1/19/1940 Charles George M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. **DATE OF DEATH (MONTH, DAY, AND YEAR)** Jan-19-1940

22. **I HEREBY CERTIFY**, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him live on 1-15-40, 1940. Death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:
Extensive 2+3° burn of lower extremities, hands, & abdomen

Date of onset	<u>1-18-40</u>
---------------	----------------

Other contributory causes of importance:
\$1

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? accident Date of injury 1-18-40
 Where did injury occur? Walnut Iron Mo R.P.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
Home. house did not burn

Manner of injury near stove. clothing caught on fire from being
 Nature of injury near stove

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____ (Signed) W. H. White, M. D.
 (Address) Crown Hill County

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.

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

Leuea Brown

Licensed Embalmer No. *2664*

P. O. Address *Walnut Grove*

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.