V. S. No. 2
M—11-10-39
Rev. 5-17-39
I X21492

70
3
0

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 7 - 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7476

Registration District No. 592 Primary Registration District No. 4350 Registrar's No. 7

1. PLACE OF DEATH:

(a) County Montgomery

(b) City or town Montgomery City Mo (If outside city or town limits, write "RURAL" and name of township)

(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 40 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery

(c) City or town Montgomery City 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 JOHN DRAIN 650

3. (b) If veteran, name war CIVIL

3. (c) Social Security No.

4. Sex MALE

5. Color or race Colored

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased January (Month) 9 (Day) 1844 (Year)

8. AGE: Years 96 Months 1 Days 19 If less than one day hr. min.

9. Birthplace Clark County Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ella Draine Taylor

(b) Address Box 31 Montgomery City, Mo.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof Feb 29 1940 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ Keokuk Iowa

18. (a) Signature of funeral director J. A. Marlow

(b) Address Montgomery City Mo

19. (a) Feb. 29, 1940 (Date received local registrar) (b) Pearl Wenger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28 year 1940 hour 7 minute 18 P. M.

21. I hereby certify that I attended the deceased from Jan 8, 1938 to Feb. 28, 1940; that I last saw him alive on Feb. 28, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis with Decomp. ensated Heart	2 yrs
Due to Sen Arteriosclerosis	10 yrs
Due to	
Other conditions none (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) no

(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? (Specify type of place)

(e) Means of injury

While at work? no

23. Signature E. J. T. Andersen (M. D. or other) M. D.

Address Montgomery City Date signed 2/29/40

(Licensed Embalmer's Statement on Reverse Side)

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 Joseph A. Marlow

Licensed Embalmer No. 3658

P. O. Address Montgomery Ala. M

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.