No. 2 11-10-39 5-17-39 E X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17930

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 576

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

1. PLACE OF DEATH:

(a) County Buchanan 2

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2220 Faraon St. (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) 62 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan

(c) City or town St Joseph (If outside city or town limits write "RURAL")

(d) Street No. 2220 Faraon (If rural, give location)

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

3. (a) PRINT FULL NAME Flora Belle Drain 650

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife R. W. Drain

6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased April (Month) 13th (Day) 1856 (Year)

8. AGE: Years 84 Months 1 Days 9 If less than one day hr. min.

9. Birthplace Claremont (City, town, or county) N.H. (State or foreign country) 1

10. Usual occupation Housewife 1

11. Industry or business

FATHER 12. Name Samual Bailey 1

13. Birthplace New Hampshire (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Hanna Perkins

15. Birthplace New Hampshire (City, town, or county) (State or foreign country)

16. (a) Informant Hazel MacGregor

(b) Address Hobson, Montana.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-24-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Memo. Park Cemetery

18. (a) Signature of funeral director J. W. Bringley

(b) Address 2925 Mitchel Ave.

19. (a) 5/24/40 (Date received local registrar) (b) H. J. Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1940 hour 1 4 minute 30 a M.

21. I hereby certify that I attended the deceased from 4 June 29, 1940, to May 22, 1940 that I last saw her alive on May 21, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis acute (?)

Due to Arteriosclerosis generalis Coronary-sclerosis (?)

Due to —

Other conditions (Include pregnancy within 3 months of death) 94 lb

Major findings: Of operations —

Of autopsy —

Duration

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? 85 (Specify type of place)

While at work? (e) Means of injury

23. Signature H. W. Carle (M. D. or other)

Address 301 P. B. S. Bldg Date signed 5-22-40

(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.....

Licensed Embalmer No. 19 46

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.