

JUN 17 1940
276

Registration District No. 376

Primary Registration District No. 552

Registrar's No. _____

1. PLACE OF DEATH: Jackson

(a) County Buckner (Rural) RR #1.0

(b) City or town Buckner (Rural) RR #1.0

(c) Name of hospital or institution: at her farm home

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 yrs (Specify whether years, months or days)

In this community 5 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Buckner (Rural No.1.)

(d) Street No. RR No.1.

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

3. (a) PRINT FULL NAME Mary Caroline Drecktrah

3. (b) If veteran, name war _____ 3. (c) Social Security No. home

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mr. Henry Drecktrah 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 30 1870

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>10</u>	<u>14</u>	hr. _____ min. _____

9. Birthplace Chamois (Osage County) Mo.

10. Usual occupation House keeping at home

11. Industry or business _____

12. Name Wm. Schlapper

13. Birthplace Germany

14. Maiden name Lizette Ullaut

15. Birthplace Charette (WarrenCo.) Mo.

16. (a) Informant Mr. August Drecktrah

(b) Address Napoleon Missouri

17. (a) Napoleon (b) Date thereof 5/17/1940

(c) Place: burial or cremation Napoleon Evan Cem.

18. (a) Signature of funeral director J. M. Reppert (b) Address Buckner Missouri

19. (a) May 16 (b) John W. Robinson

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14 year 1940 hour 9:35 P.M. M.

21. I hereby certify that I attended the deceased from May 3 1940, to May 14 1940, that I last saw her alive on May 14 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to _____

Other conditions Hypertension, Diabetic

Major findings: Of operations No operation Of autopsy no autopsy

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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 359

23. Signature John W. Robinson (M. D. or other) _____

Address Buckner Mo Date signed May 15 1940

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

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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, ~~XXXXXXX~~.....

XXXXXX

Registered Apprentice No. XXXXXXXX

working under my personal supervision.

Signed

J. M. Reppert

Licensed Embalmer No. 2321

P. O. Address Buckner Missouri

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.