

S. No. 2
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5-17-39
PI X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
AUG 13 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25763

Registration District No. 567

Primary Registration District No. 6763

State File No.

Registrar's No. 44

1. PLACE OF DEATH:

(a) County: Mississippi SO

(b) City or town: Anniston

(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 44 (Specify whether)

In this community 44 years, months or days

3. (a) PRINT FULL NAME: JOE HENRY DRURY 60

8. (b) If veteran, name war: ✓

8. (c) Social Security No. None

4. Sex: M

5. Color or race: W

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

6. (b) Name of husband or wife: ✓

6. (c) Age of husband or wife if alive: 7 years

7. Birth date of deceased: Mar 6, 1854

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>86</u>	<u>4</u>	<u>20</u>	hr. min.

9. Birthplace: Union Co. Ky

(City, town, or county) (State or foreign country)

10. Usual occupation: Farming

11. Industry or business:

MOTHER FATHER

12. Name: James Drury

13. Birthplace: Union Co. Ky

(City, town or county) (State or foreign country)

14. Maiden name: Rose Ann Mangin

15. Birthplace: Union Co. Ky

(City, town or county) (State or foreign country)

16. (a) Informant: J. W. Drury

(b) Address: Anniston, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof: July 27, 1940

(Month) (Day) (Year)

(c) Place: burial or cremation: Oak Grove

18. (a) Signature of general director: Travis Shelby

(b) Address: East Prairie, Mo.

19. (a) Aug 6, 1940 (Date received local registrar)

(b) Wm. H. Hodges (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri

(b) County: Mississippi

(c) City or town: Anniston, 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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26

year 1940 hour 7:30 minute 9 P. M.

21. I hereby certify that I attended the deceased from July 27

1940 to July 26 1940

that I last saw him alive on July 24 1940

and that death occurred on the date and hour stated above.

Immediate cause of death: Colitis

arterio-sclerosis

Duration _____

Due to _____

Due to _____

Other conditions: 12/12

(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations: _____

Of autopsy: _____

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? _____

871

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature: J. P. Martin (M. D. or other)

Address: East Prairie, Mo. Date signed Aug 5, 1940

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

RECEIVED

District Health Officer No. 2

District File Number 840-137

Date Filed 8/15/40

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 Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, Mo

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.