

Registration District No. 677

Primary Registration District No. 4403

Registrar's No. 81

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town Royal (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 _____ years, months or days)

3. (a) PRINT FULL NAME Dwight Wade Drew

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

4. Sex m 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased Oct. 20, 1937 (Month) (Day) (Year)

8. AGE: Years 2 Months 8 Days 10 If less than one day hr. _____ min. _____

9. Birthplace Royal (City, town, or county) Mo (State or foreign country)

10. Usual occupation lab

11. Industry or business _____

12. Name Geo. H. Drew

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

14. Maiden name Virginia Walls

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

16. (a) Informant Geo. H. Drew

(b) Address Royal Mo

17. (a) Rural (Burial, cremation, or removal) (b) Date thereof July 2-40 (Month) (Day) (Year)

(c) Place: burial or cremation Roadside

18. (a) Signature of funeral director W. E. Ferris

(b) Address Royal Mo

19. (a) July 2, 1940 (b) Geo. F. Myers (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Phelps

(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. Route 2 (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30 year 1940 hour 10 - minute 10 - AM.

21. I hereby certify that I attended the deceased from _____, 19____, to June 30, 1940 that I last saw not seen alive and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of skull

Due to Epileptic seizure

Other conditions (Include pregnancy within 3 months of death) 18 1/2" hi

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 6-30-40

(c) Where did injury occur? Royal - Phelps Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? about home - fell from car

While at work? play (Specify type of place) (e) Means of injury _____

23. Signature E. E. Ferris (M. D. or other) _____

Address Royal Mo Date signed 7-2-40

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

51
2
1

MOTHER FATHER

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.

RECEIVED

District Health Officer No. 5,

District File Number 740 791

Date Filed 12240

Signed S. B. Muehl

Licensed Embalmer No. 33294

P. O. Address Rolla 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.