

Registration District No. 235

Primary Registration District No. 5322

Registrar's No.

1. PLACE OF DEATH:

- (a) County Dade (Asburyship)
- (b) City or town Walnut Grove
(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) 2
- (d) Length of stay: In hospital or institution _____
(Specify whether _____)
- In this community _____
years, months or days

3. (a) PRINT FULL NAME

Lumanda E Drummond 655

3. (b) If veteran,

name war None

3. (c) Social Security

No. None4. Sex Female5. Color or race White6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

Milton Drummond

6. (c) Age of husband or wife if

alive _____ years

7. Birth date of deceased

Dec 26 1865
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

7471

hr. _____ min.

9. Birthplace

Dade County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation

House Keeper

11. Industry or business

House work

12. Name

Jeffette Hurst

13. Birthplace

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

14. Maiden name

Judica East

15. Birthplace

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

16. (a) Informant

Mrs. Etta Wheeler

(b) Address

Walnut Grove Mo17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereat

July 29 1940
(Month) (Day) (Year)

(c) Place: burial or cremation

Wheeler Cemetery

18. (a) Signature of funeral director

Wheeler and Drummond

(b) Address

Dadeville Mo19. (a) Set 10 1940

(Date received local registrar)

(b) _____

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Dade
- (c) City or town Walnut Grove Church
(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 28
year 1940 hour 12:30 minute a M.21. I hereby certify that I attended the deceased from May 10, 1940, to July 28, 1940, that I last saw her alive on July 24, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death

Cancer Stomach & Lungs 1 yr

Due to _____

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations 0Of autopsy None

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? _____
- While at work? 2/2 (Specify type of place)
(e) Means of injury _____

23. Signature B B Kirby (M. D. or other) _____
Address Dadeville Mo Date signed 8-10-40

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

4-6

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.....

P. O. Address.....

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **28369**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **235**

Primary Registration District No. **3322**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County: **Dade**
(b) City or town: **Dale**
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(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

Amanda E. Drummond

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex: **F**

5. Color or race: **W**

6. (a) Single, widowed, married, divorced: **wid**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased

(Month) (Day) (Year)

8. AGE:

Years: **74** Months: **7** Days: **1**
If less than one day _____ hr. _____ min.

9. Birthplace _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____

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

14. Maiden name _____

15. Birthplace _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____

(Date received local registrar) (Registrar's signature)

DEATH CERTIFICATION

20. DATE OF DEATH: Month **July** day **28**
year **1946** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: **Ulcers of stomach and liver**
Due to _____ **1 yr**

Due to: **Just symptoms were from stomach, totally ulcer, no past history -**
Other conditions: _____
(Include pregnancy within 3 months of death)

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? _____

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

23. Signature: **B. B. Horley** (M. D. or other) _____

Address: **Dadville Mo** Date signed: **8-5-46**

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

SUPPLEMENTAL

10

Handwritten notes in the middle-left section, possibly including the words "table" and "of".

Handwritten notes at the bottom of the page, including the word "table".