

SEP 25 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

29439
Do not use this space.

1. PLACE OF DEATH

(a) County RANDOLPH Registration District No. 735
 (b) Township _____ Primary Registration District No. 3034 Registered No. 167
 (c) City MOBERLY (d) Street No. Woodland Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MRS KATHERINE A. DRENNEN

(a) Residence, No. ARMSTRONG - Mo St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF WILLIAM H. DRENNEN
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 30 - 1918
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 22 1 21
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEWIFE
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) AUG - 1940 11. Total time (years) spent in this occupation LIFE
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VILLA GROVE ILLINOIS
 FATHER 13. NAME FRED C. HAYES
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY
 MOTHER 15. MAIDEN NAME ETHEL HAYES JOHNSON
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI
 17. INFORMANT W. M. H. DRENNEN (ADDRESS) ARMSTRONG - Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE BOONVILLE DATE AUG 20, 1940
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) STEGNER-KOENIG BOONVILLE - Mo.
 20. FILED Aug 20, 1940 Leah Williams Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 20th, 1940
 22. I HEREBY CERTIFY, That I attended deceased from August 3rd, 1940, to Aug 20, 1940
 I last saw him/her alive on Aug 20, 1940 Death is said to have occurred on the date stated above, at 6:15 A.M.
 The principal cause of death and related causes of importance were as follows:
Staphylococcus Septicemia
E. pneumoniae thrombotica
 Date of onset _____
 Other contributory causes of importance: II B
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) W. M. H. Drennen, M. D.
 (Address) 300 1/2 W. Blvd. Sta.

Moberly, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 9-40-1815

Date Filed SEP 18 1940

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.....

James W. Stegman

Licensed Embalmer No. 37800

P. O. Address Boonville, 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.