

Registration District No. /

Primary Registration District No. /

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirkville, Missouri
(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 Life _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME

Ephriam Drury

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Arabella Drury 6. (c) Age of husband or wife if alive No years
7. Birth date of deceased May 23, 1855
(Month) (Day) (Year)

8. AGE: Years 86 Months 1 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Schuyler Co. Mo. _____
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name John Henry Drury
13. Birthplace Schuyler, County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maude Foster
(b) Address Kirkville, Missouri
17. (a) Burial (b) Date thereof 7/3 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Coffey Cemetery

18. (a) Signature of funeral director B. E. Riley
(b) Address Kirkville, Missouri
19. (a) July 26/41 (b) Spencer L. Freeman
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Kirkville, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 1206 North Green Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1
year 1941 hour 4 minute P.M.

21. I hereby certify that I attended the deceased from June 17, 1941
to June 30, 1941
that I last saw him alive on June 30, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Mostly advanced pleura, no acute illness
Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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? _____

23. Signature H. M. Humphrey (M. D. or other) MD
Address Kirkville, Mo Date signed 7-26-41
While at work? _____ (Specify type of place) (e) Means of injury _____

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

20982

JUL 29 1941

JUL 31 1941

AUG 4 1941

071
-8-1-
-71-2
1 1

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... *J. E. Riley*

Licensed Embalmer No. *4181*

P. O. Address... *Herskville - MD*

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, fact should be so stated above.

Registration District No. _____

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirkville, Mo.
(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 Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Adair
(c) City or town Kirkville, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 1206 North Green
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ephriam Suffy Drury

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Arabella Drury 6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased May 23 1855
(Month) (Day) (Year)

8. AGE: Years 86 Months 1 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name John Henry Drury

13. Birthplace Schuyler County Mo.
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant Mrs. Maude Foster

(b) Address Kirkville, Mo

17. (a) Burial (b) Date thereof 7/3/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coffey Cemt.

18. (a) Signature of funeral director DEEBLEY

(b) Address Kirkville, Mo.

19. (a) July 9/41 (b) Spencer L. Freeman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st year 1941 hour 4 minute 0 P. M.

21. I hereby certify that I attended the deceased from June 25 1941 to July 2 1941
that I last saw her alive on July 1 1941
and that death occurred on the day and hour stated above.

Immediate cause of death Infirmation of heart, no particular
diagnosis. Duration _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

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

23. Signature H. M. Humphrey M.D. or other _____

Address Brashear Mo Date signed 7-2-41

Corrected certificate by _____

JUE 22 1941

JUL 29 1941

JUL 31 1941

AUG 4 1941

RECEIVED

District Health Officer No. 10

District File Number

7-41-1387

Date Filed

JUL 16 1941

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

Dee Reber

Licensed Embalmer No.....

4181

P. O. Address

Kinkville MD

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.)

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