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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33836 3771

Registration District No. 3409

Primary Registration District No. 106

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Menorah Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Wks. (Specify whether
In this community 9 Months 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy 040

(c) City or town Spickard (Rural) 0
(If outside city or town limits, write "RURAL")

(d) ~~Street~~ No. 7½ Mi. West of Spickard Mo.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Mrs. Eulah Drury

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Fe. 1

5. Color or race Wh.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mr. George Drury

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased August (Month) 25 (Day) 1886 (Year)

8. AGE:

Years	Months	Days	If less than one day
55	1	14	hr. min.

9. Birthplace Grundy County (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Paschal W. Thompson
13. Birthplace (City, town, or county) 0 Missouri (State or foreign country)

MOTHER
14. Maiden name Olive F. Webster
15. Birthplace (City, town, or county) 1 Conn. (State or foreign country)

16. (a) Informant George Drury
(b) Address R.F.D. Spickard Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-12-41 (Month) (Day) (Year)
(c) Place: burial or cremation Spickard Mo

18. (a) Signature of funeral director Freeman Mortuary
(b) Address 104 West 42nd. Street.

19. (a) 10 (Date received local registrar) (b) M. M. Crow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9th.,
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from 1939, 19 to Oct 9, 1941;
that I last saw her alive on Oct 9, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive heart disease	3 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93d	
Of autopsy (see above)	

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

23. Signature L H Schaules (M. D. ~~or other~~) 0
Address 1406 Bryant Bldg. Date signed 10/9/41

(Licensed Embalmer's Statement on Reverse Side)

MAR 6 1950
Dr. Zeharles
221 W 51 Stop

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 Clarence W Chelis

Licensed Embalmer No. 3473

P. O. Address X e Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.