

38492

State File No.

Registrar's No.

98

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHFILED DEC 4 1941
Registration District No. 617

Primary Registration District No. 5561;D

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Rural JOPLIN TOWNSHIP
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: WEBB CITY, MO
R.F.D. S. Madison St. Road
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 50 years (Specify whether
 years, months or days)

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

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~~ married6. (b) Name of husband or wife W. M. Drury 6. (c) Age of husband or wife if alive no data years7. Birth date of deceased April 5 1882
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
59 6 16 hr. min.9. Birthplace Stoutland, Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Housewife11. Industry or business home12. Name Albert Story 1
13. Birthplace no data Kentucky
(City, town, or county) (State or foreign country)14. Maiden name Edith (Unknown)15. Birthplace no data
(City, town, or county) (State or foreign country)16. (a) Informant Hus. W. M. Drury
(b) Address R.F.D. #1 Webb City, Mo.17. (a) Burial (b) Date thereof 11/3/41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Castlemore Cemetery18. (a) Signature of funeral director Nedger Nelson
(b) Address Webb City, Mo.19. (a) NOV 3 41 (b) St. Outchard MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Rural JOPLIN TOWNSHIP
 (If outside city or town limits, write "RURAL")
 (d) Street No. South Madison Street Road
 (If rural, give location) WEBB CITY, MO
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31
year 1941 hour 3:45 minute P.M.21. I hereby certify that I attended the deceased from
Aug 15 1941 to Oct 31 1941;
that I last saw her alive on Oct 24 1941;
and that death occurred on the date and hour stated above.Immediate cause of death Myocarditis
Due to _____Other conditions Pulmonary Tuberculosis
(Include pregnancy within 3 months of death)Major findings: Of operations ✓
Of autopsy ✓
1381

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 023. Signature W.D. Loveland (M. D. or other)
Address Webb City, Mo. Date signed 11/1-41

(Licensed Embalmer's Statement on Reverse Side)

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

No. 2
1-4-41
-17-39
X26390

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. *2859*

P. O. Address *Webb City, 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, fact should be so stated above.