

FILED FEB 11 1942

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

1167

Do not use this space.

39

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township Kaw Primary Registration District No. 1002  
(c) City K. C. Mo. (d) Street No. Research Hosp 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 Joseph Drew

(a) Residence, No. Lake City Mo. St.  Lake City Mo  
(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 Male 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 Lida Drew  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 20th, 1882  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hra. or .....min.  
60 0 12  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer  
9. Industry or business in which work was done, as saw mill, bank, etc. Seed Mills  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri13. NAME Noah Drew14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Lizzie Carson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Mrs Lida Drew  
(ADDRESS) Buckner Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood Cem. DATE Jan 5th, 194219. FUNERAL DIRECTOR (NAME) Rose & Henderson  
(ADDRESS) K. C. Mo.20. FILED 2-5-42, 19 M. M. Brown  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2, 1942

22. I HEREBY CERTIFY That I attended deceased from

Jan 1, 1942 to Jan 2, 1942

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 10:15 m.

The principal cause of death and related causes of importance were as follows:

Hypertension indefinite Date of onset  
Hypotrophy and dilatation  
of the heart indefinite  
Cerebral hemorrhage

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy yes

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?.....

If so, specify.....

(Signed) Carl Fenwick, M. D.(Address) 1002 Research Hosp(Address) 1002 Research Hosp(Address) 1002 Research Hosp

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**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 W. E. Henderson

Licensed Embalmer No. 3657

P. O. Address 196.7MD

**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.**