

FILED JUN 8 1942

Registration District No. 527

Primary Registration District No. 4313

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Bevier
(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 29 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MACON
(c) City or town BEVIER
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME ESTELLA CORA DRAVER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month APRIL day 22
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from April 15 1942 to April 27 1942
that I last saw her alive on April 27 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration 5 days

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, MARRIED
6. (b) Name of husband or wife JOSHUA C. DRAVER 6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased MAY 4, 1864
(Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 23 If less than one day
hr. _____ min. _____

9. Birthplace MOBERLY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation DOMESTIC

11. Industry or business _____

12. Name JAMES J. Mc DANIEL

13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

14. Maiden name SARAH M. BRITTON

15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant MR. JOSHUA C. DRAVER

(b) Address BEVIER, MISSOURI

17. (a) BURIAL (b) Date thereof 4-22-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BLOOMINGTON MO

18. (a) Signature of funeral director W. Edwards

(b) Address Bevier Mo

19. (a) June 5-42 (b) Winne J. Rowland
(Date received local registrar) (Registrar's signature)

Other conditions acute plebitis of left eye
superficial vein
Major findings: _____
Of operations: 107
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? _____

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

23. Signature W. J. Turner (M. D. or other) _____

Address Macon Mo Date signed 5-1-42

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

MOTHER FATHER

1289

JUN 10 1942

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 *M. Edwards*

Licensed Embalmer No. 1961

P. O. Address Brewer 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.