

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23694

State File No.

Registrar's No. 214

FILED AUG 14 1942

Registration District No.

Primary Registration District No. 3000

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

1. PLACE OF DEATH:

(a) County Adair

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

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

(d) Length of stay: In hospital or institution 5 minutes
(Specify whether years, months or days)

In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

(c) City or town Kirksville
(If outside city or town limits, write "RURAL")

(d) Street No. RFD # 5
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Leroy Drennan

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Mary Hulda Drennan (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 2 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

80 5 0 hr. min.

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

10. Usual occupation Farmer

11. Industry or business Agriculture

12. Name Newton L. Drennan

13. Birthplace Sangamon County, Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Phoebe Corbin

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

16. (a) Informant Wm. L. Drennan

(b) Address Kirksville, Mo.

17. (a) Burial (b) Date thereof 8/4/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cater Memorial

18. (a) Signature of funeral director Rouis Funeral Home

(b) Address Kirksville, Mo.

19. (a) 8/4/42 (b) Ms. J. A. Wynn
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2
year 1942 hour 8 AM minute _____ M.

21. I hereby certify that I attended the deceased from Aug 2 1942 to Aug 2 1942
that I last saw him alive on Aug 2 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to _____

Due to _____

Other conditions Stroke
(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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature R. P. Ellis (M. D. or other) _____
Address Kirkville Mo Date signed 8-4-42

10490

RECEIVED

District Health Officer No. 10

District File Number 8-42-1576

Date Filed AUG 12 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 Keith Collier

Licensed Embalmer No. 3632

P. O. Address Kennett 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.