S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

24792

State File No.

FILED AUG 13 1942

Registration District No. 566 Primary Registration District No. 3030 Registrar's No. 69

67
1
2

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

1. PLACE OF DEATH:

(a) County MISSISSIPPI

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

(c) Name of hospital or institution: 314 E. COMMERCIAL 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 67 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MISSISSIPPI 67 1

(c) City or town CHARLESTON 9
(If outside city or town limits, write "RURAL")

(d) Street No. 314 E. COMMERCIAL
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country NONE

3. (a) PRINT FULL NAME ALBERT CASPER DRINKWATER

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MAUDE STERRET DRINKWATER

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased FEBRUARY (Month) 29 (Day) 1864 (Year)

8. AGE: Years 78 Months 5 Days 5 If less than one day hr. min.

9. Birthplace TOBINSPORT (City, town, or county) INDIANA 1 (State or foreign country)

10. Usual occupation FARMING

11. Industry or business RETIRED

FATHER
12. Name WILLIAM M. DRINKWATER
13. Birthplace TOBINSPORT (City, town, or county) INDIANA 1 (State or foreign country)

MOTHER
14. Maiden name CATHERINE RYAN
15. Birthplace TOBINSPORT (City, town, or county) INDIANA 1 (State or foreign country)

16. (a) Informant MRS MAUDE DRINKWATER

(b) Address CHARLESTON, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-7-1942 (Month) (Day) (Year)

(c) Place: burial or cremation IOOF- CHARLESTON, MO

18. (a) Signature of funeral director John F. Nunnelee

(b) Address Charleston, Mo

19. (a) 8/8/42 (Date received local registrar) (b) D. G. Moore (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 5TH year 1942 hour 12 minute 05 A.M.

21. I hereby certify that I attended the deceased from Aug 18 1942 to Aug 5 1942 that I last saw him alive on Aug #5 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	36 hrs
Due to	
Due to Artered sclerosis	D.K.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

94a

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 E. Chas Pohlman (M. D. or other)

Address Charleston Mo Date signed 8/5/42

1257

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 842-1038
Date Filed 8-10-42

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, and Joe Robert Nunnelee, Registered Apprentice No. applied for working under my personal supervision.

Signed John F. Nunnelee Jr

Licensed Embalmer No. 3851

P. O. Address Charleston 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.