

Registration District No. **164**

Primary Registration District No. **3023 3032**

Registrar's No. **87**

51  
22  
2

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

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution:  
124 E. Market  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 30 yrs.  
years, months or days

3. (a) PRINT FULL NAME Edith Perkins Draper

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mont C. Draper Sr. 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Jan. 9 1878  
(Month) (Day) (Year)

8. AGE: Years 64 Months 8 Days 0 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Unknown New York  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name C. E. Perkins

13. Birthplace Unknown New York  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant M. C. Draper Jr.

(b) Address Warrensburg, Mo.

17. (a) Burial (b) Date thereof Aug 10 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Sweeney Phillips

(b) Address Warrensburg, Mo.

19. (a) Aug 10 1942 (b) Sesha Williams  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

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

(d) Street No. 124 E. Market  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9  
year 1942 hour 8:10 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from 7-29-42  
\_\_\_\_\_, 19\_\_\_\_, to 8-9-42, 19\_\_\_\_  
that I last saw h. he alive on 8-8-42, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Sudden

Due to \_\_\_\_\_

Due to Coronary Artery Disease ?

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: g & a

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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. F. McKinney (M. D. or other) MD  
Address Warrensburg, Mo. Date signed 8-10-42

RECEIVED

District Health Officer No. 8,

District File Number .....

Date Filed 9-4-42

64618 TCO  
64618 TCO

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 S. Ray Sweeney

Licensed Embalmer No. 1121

P. O. Address: Warrensburg

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.