

FILED NOV 12 1942
Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 465

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

49
529

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: St. Johns O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 hours (Specify whether lifetime) (Specify whether years, months or days)

3. (a) PRINT FULL NAME William V. Drake

3. (b) If veteran, name war ***

3. (c) Social Security 500-09-0438

4. Sex Male O

5. Color or race W

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

6. (b) Name of husband or wife Winnie Drake

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased November 26, 1877
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>10</u>	<u>27</u>	hr. min.

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

10. Usual occupation Welder

MOTHER FATHER {

11. Industry or business

12. Name William K Drake

13. Birthplace No record
(City, town, or county) (State or foreign country)

14. Maiden name No record

15. Birthplace No record
(City, town, or county) (State or foreign country)

16. (a) Informant Ma Winnie Drake

(b) Address Joplin Mo.

17. (a) Burial (b) Date thereof 10/26/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cem

18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address Joplin, Mo.

19. (a) 10-27-42 (b) Walter S. Sedholter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 1915 N. St. Louis
(If rural, give location)

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

If yes, name country O

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23
year 1942 hour 12 minute 30 a. M.

21. I hereby certify that I attended the deceased from Oct 5 1942 to Oct 23 1942
that I last saw him alive on Oct 22 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration 15

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) gzh

PHYSICIAN

Major findings:
Of operations

Of autopsy

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?

(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 O

23. Signature W. A. ... (M. D. or other) O
Address Joplin Mo Date signed 10/27/42

933

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 *Perret L. Hubert*
Licensed Embalmer No. 919
P. O. Address *Joylin Ave*

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.