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P. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

40742

FILED JAN 11 1948

State File No. \_\_\_\_\_

Registration District No. 318

Primary Registration District No. 2000

Registrar's No. 866

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

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution:  
905 Eagle St. /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 35 Yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 905 Eagle St.  
(If rural, give location)

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

3. (a) PRINT FULL NAME Nathaniel Lewis Drennen.

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5th  
year 1942 hour 8 minute 15 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to Dec. 5, 1942  
that I last saw him live on Dec. 5, 1942  
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Martha Jane Drennen

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased: July 8th 1881  
(Month) (Day) (Year)

8. AGE: Years 61 Months 4 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death  
Chr. Parenchymatous Nephritis  
Chr. Hypertensive Cardiac Vascular Disease - 4 yrs

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

Major findings: Of operations 13/0

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

Underline the cause to which death should be charged statistically.

9. Birthplace Wilson County, Tennessee.  
(City, town, or county) (State or foreign country)

10. Usual occupation Lumber buyer

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

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Unknown

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

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? \_\_\_\_\_

16. (a) Informant Miss Jane Drennen.

(b) Address St Louis, Mo.

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

(c) Place: burial or cremation Clear Creek

18. (a) Signature of funeral director Fred C. Thieme

(b) Address 1100 Boonville St.

19. (a) 12-8-42 (b) S. W. Handley  
(Date received local registrar) (Registrar's signature)

23. Signature Arthur K. Smith M.D. or other \_\_\_\_\_  
Address 450 1/2 E. Council Date signed 12-6-42  
(Specify type of place) (e) Means of injury \_\_\_\_\_

MAR 29 1943

**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..... **Fred C. Thieme.**  
.....  
Licensed Embalmer No..... **2899**  
.....  
P. O. Address..... **Springfield, Missouri.**

**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.**