

S. M-5-42 v. 5-17-39 X32873

1577

DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. Registrar's No. 97

FILLED FEB 5 1943

Registration District No. 22

Primary Registration District No. 1000

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

1. PLACE OF DEATH: (a) County Buchanan, (b) City or town St. Joseph, (c) Name of hospital or institution Mercy Hospital, (d) Length of stay: In hospital or institution 2 days, In this community 20 years.

2. USUAL RESIDENCE OF DECEASED: (a) State Missouri, (b) County Buchanan, (c) City or town Saint Joseph, (d) Street No. 1921 Holman Street, (e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Samuel Tilden Drake,

3. (b) If veteran, name war None, 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 Rose Drake, 6. (c) Age of husband or wife if alive 58 years, 7. Birth date of deceased November 7th. 1876

8. AGE: Years 66, Months 2, Days 13, If less than one day hr. min.

9. Birthplace Carrollton, Missouri,

10. Usual occupation City Salesman,

11. Industry or business Dolan Mercantile Co.

12. Name James E. Drake,

13. Birthplace Unknown, Kentucky,

14. Maiden name Margaret Goodson,

15. Birthplace Carrollton, Missouri,

16. (a) Informant Mrs. J. J. Drake,

(b) Address 1921 Holman Street,

17. (a) Removal, (b) Date thereof 1/21/43

(c) Place: burial or cremation Carrollton, Mo.

(a) Signature of funeral director, (b) Address 319 So. 10th. Street, Home

19. (a) 1-21-43, (b) Roe Hugen

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January, day 20th, year 1943, hour 5:00, minute 20 p. M.

21: I hereby certify that I attended the deceased from Jan 18/43, 19 to Jan 20, 1943

that I last saw him alive on Jan 20, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of heart

Due to Arthritis infectiosa

Due to Prostate tumor

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 9504

Of autopsy

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?

(e) While at work?, (f) Means of injury.

23. Signature E. H. D. Torgerson, M. D. or other

Address 411 N. Webster, Date signed Jan 24/43

Duration Physician Underline the cause to which death should be charged statistically.

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.....

1/20/43.

....., Registered Apprentice No. ✓

working under my personal supervision.

Signed.....

David Bowman

Licensed Embalmer No. 3619

P. O. Address

St. Joseph, 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: