

FILED APR 7 1943

Registration District No. 93

Primary Registration District No. 5315

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Cooper  
(b) City or town Saline (Rural)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER  
(c) City or town SALINE (RURAL)  
(If outside city or town limits, write "RURAL")  
(d) Street No.....  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME ANDREW HERRY DREW

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife LUCINDA DREW 6. (c) Age of husband or wife if alive 95 years

7. Birth date of deceased OCTOBER 13 1850  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
93 5 1 hr. .... min.

9. Birthplace COOPER COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARM

12. Name WILLIAM DREW

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

14. Maiden name RACHAEL TAYLOR

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

16. (a) Informant MRS ANDREW DREW

(b) Address BOONVILLE, MO.

17. (a) BURIAL (b) Date thereof 5/16/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CLARK'S FORK CEMETERY

18. (a) Signature of funeral director STEGNER & KOENIG

(b) Address BOONVILLE, MO.

19. (a) Mar. 17, 1943 (b) Mrs. T. L. Reusser  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 14th  
year 1943 hour 3:30 minute..... P.M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw him..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerosis  
Due to Chronic Prostatitis, Cystitis & Chr. Nephritis  
Due to Senility  
Other conditions (Include pregnancy within 3 months of death) 1318

Major findings: Of operations.....  
Of autopsy Same

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 M. L. Dietzcray (M. D. or other) M. D.  
Address Boonville, Mo. Date signed 3/15/43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 4-5-43.....

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**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: *James W. Steguro*.....

Licensed Embalmer No. 3780.....

P. O. Address Boonville, 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.