

LEO APR 8 1943  
Registration District No. 78

Primary Registration District No. 5366

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

1. PLACE OF DEATH:

(a) County Daviness

(b) City or town Marion R.R. & township

(c) Name of hospital or institution: 1 RR-2  
(If not in hospital or institution, write street number or location)

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

In this community 5 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Daviness

(c) City or town Pattonsburg RP 2  
(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 Jessie Drummond

3. (b) If veteran name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 13 day March  
year 1943 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from Jan 5  
Call. 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

4. Sex M 5. Color or race white

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 29 1879  
(Month) (Day) (Year)

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>8</u>	<u>15</u>	_____ hr. _____ min.

Immediate cause of death \_\_\_\_\_

Due to Cerebral Palsy  
Cerebral Thrombosis

9. Birthplace Daviness Co. Mo.  
(City, town, or county) (State or foreign country)

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

10. Usual occupation \_\_\_\_\_

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

11. Industry or business Housekeeper

12. Name Geo Penniston

Major findings: Of operations \_\_\_\_\_

13. Birthplace not known?  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Preston

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

15. Birthplace not known?  
(City, town, or county) (State or foreign country)

16. (a) Informant Neil Drummond

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Address Pattonsburg Mo RR 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 15 1943  
(Month) (Day) (Year)

(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? \_\_\_\_\_

(c) Place: burial or cremation Jamesport

18. (a) Signature of funeral director Ed Bremer

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

(b) Address Pattonsburg Mo

19. (a) 3-18-1943 (Date received local registrar) (b) J. C. Pichesson (Registrar's signature)

23. Signature J. C. Pichesson (M. D. or other)

Address Pattonsburg Date signed 3/13/43

948

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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 *E. S. Garner*.....

Licensed Embalmer No. 2857.....

P. O. Address *Duttonsburg 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.**