

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13700

State File No.

Registration District No. 41

Primary Registration District No. 5124

Registrar's No.

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town R1 Dekalb (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R1 Dekalb Community Center
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME William Drouillard

3. (b) If veteran, — name war. 3. (c) Social Security No. —

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife May Drouillard 6. (c) Age of husband or wife if alive 1864 years
7. Birth date of deceased Oct. 1 (Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 30 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Elroy Drouillard
13. Birthplace Wisc. (City, town, or county) (State or foreign country)
14. Maiden name Mary Drouillard
15. Birthplace Wisc. (City, town, or county) (State or foreign country)

16. (a) Informant Clarence Drouillard

(b) Address R1 Dekalb

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-2-43 (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cem.

18. (a) Signature of funeral director FLEEMAN & SON, INC.

(b) Address 1946 Colham St.

19. (a) 4/3/43 (Date received local registrar) (b) Guel E. Pearson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town R1 (Rural) Dekalb
(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 —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30th year 1943 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from on Mar 30 1943 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 Bronchial Pneumonia 3 days
Due to Cold 3 weeks

Due to General Arteriosclerosis
Other conditions — (Include pregnancy within 3 months of death)

Major findings: Of operations — 107
Of autopsy no

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 H F Mundy (M.D. or other) Coroner
Address 404 So 3d Date signed 3/31/43

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 _____

working under my personal supervision.

Registered Apprentice No. _____

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.