

7. S. No. 2
OM-5-42
Rev. 5-17-39
1 x 32 1/2

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15054**

Registration District No. **266**

Primary Registration District No. **3898**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Ozark

(b) City or town Bird Town
(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 _____ (Specify whether _____)

In this community 7 years
years, months or days

3. (a) PRINT FULL NAME: IDA. DRAISKELL

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race White

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

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

7. Birth date of deceased Oct 16 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>4</u>	<u>25</u>	hr. _____ min. _____

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

10. Usual occupation housekeeper

MOTHER FATHER

11. Industry or business _____

12. Name Jim Humplin

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

14. Maiden name Mary Jones

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

16. (a) Informant Chas. Dishell

(b) Address Dora, mo

17. (a) Burial (b) Date thereof Mar 13 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Truist Cemetery

18. (a) Signature of funeral director McClure Funeral Home

(b) Address Greenfield, mo

19. (a) 4-15-43 (b) O.S. Payback
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ozark

(c) City or town Bird Town
(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 none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March, day 12
year 1943, hour 6:30 minute P M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw h. _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary T. B.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 12 ft

Major findings:
Of operations _____

Of autopsy _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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? _____

(Specify type of place) _____

(e) Means of injury _____

23. Signature C.A. Beach M.D. (M. D. or other) _____
Elijah Address _____ Date signed 3-26

RECEIVED

District Health Officer No. 6,

District File Number 543-562

Date Filed MAY 6 1943

Body was not embalmed as it was not
her wish to be embalmed.

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 Lawrence L. Hall

Licensed Embalmer No. 2784

P. O. Address Yonerville, 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.