S. No. 2
M—2-43
5-17-39
I X3569

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

State File No. 17380

FILED JUN 8 1943

Registration District No. 42

Primary Registration District No. 1003

Registrar's No. 5-62

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 Week (Specify whether years, months or days)

In this community: 72 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan

(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No.: 2220 Faraon Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: Richard Wessels Drain

3. (b) If veteran, name war: No

3. (c) Social Security No. 488-14-9606-A

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Flora Drain

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: September (Month) 10 (Day) 1854 (Year)

8. AGE: Years 88 Months 7 Days 29 If less than one day hr. min.

9. Birthplace: Brooklyn (City, town, or county) New York (State or foreign country)

10. Usual occupation: Retired Stationary Engineer

11. Industry or business: St. Ry. Lt. Ht. & Pr Co.

FATHER
12. Name: A. S. Drain
13. Birthplace: Unknown (City, town, or county) New York (State or foreign country)

MOTHER
14. Maiden name: Melissa Mc'Donald
15. Birthplace: Unknown (City, town, or county) New York (State or foreign country)

16. (a) Informant: Daisy Leffler
(b) Address: 2220 Faraon St., St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-12-1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cemetery

18. (a) Signature of funeral director: Walter Meierhoffer
(b) Address: 1302 Faraon St. St. Joseph, Mo.

19. (a) 5-12-43 (Date received local registrar) (b) Rae Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 9th. year: 1943 hour: 10:00 minute: A. M.

21. I hereby certify that I attended the deceased from May 2, 1943, to May 9, 1943, that I last saw him alive on May 8, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cancer of Colon	4 yrs
Chronic myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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)

While at work? (e) Means of injury

23. Signature: M. Silverstein (M. D. or other) M.D.

Address: 620 Francis St. Joseph, Mo. Date signed: 5-10-43

1203

(Licensed Embalmer's Statement on Reverse Side)

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 Geo E. Daniel

Licensed Embalmer No. 3300 Missouri

P. O. Address St. Joseph, Missouri.

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.