

Registration District No. 270

Primary Registration District No. 2050

Registrar's No. 34

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

78
1
2

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Caruthersville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

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

In this community _____ (Specify whether _____)

3. (a) PRINT FULL NAME John Buillis Drake

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race Col

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

6. (b) Name of husband or wife Juvenia Drake

6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years about 33 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation day labor

11. Industry or business _____

12. Name John Drake

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

14. Maiden name unknown

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

16. (a) Informant Juvenia Drake

(b) Address Caruthersville, mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-13-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Morgan Ridge Cemetery

18. (a) Signature of funeral director J. H. Smith

(b) Address Caruthersville mo

19. (a) 5-15-1943 (Date received local registrar) (b) Jessie W. Markey (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pemiscot
(c) City or town Caruthersville 78 (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 1

(e) Citizen of foreign country? _____ (Yes or No) 2
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1943 hour 11-45 minute P M.

21. I hereby certify that I attended the deceased from 5-9- 1943 to 5-11- 1943;
that I last saw h. I.M. alive on 9-10- 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis Duration 2 days

Due to gunshot wound

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy 166

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

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence 5-9-43

(c) Where did injury occur? Caruthersville, mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? _____ (e) Means of injury Gunshot

23. Signature P. J. Adams (M. D. or other) Address Caruthersville, mo Date signed 5-20-43

PHYSICIAN
Underline the cause to which death should be charged statistically.

1206

5-43-220

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was *not Embalmed* embalmed by me, or by

..... Registered Apprentice No.
working under my personal supervision.

Signed *W. S. Smith*

Licensed Embalmer No. *390*

P. O. Address *Caruthersville, 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.