

FILED JUL 31 1940

Registration District No. **7**

Primary Registration District No. **400-215009**

Registrar's No. **113**

1. PLACE OF DEATH:

(a) County **Adair**
(b) City or town **Brush** (Rural)
(c) Name of hospital or institution: **Salt River Falls**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **47 years**
In this community **47 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Adair**
(c) City or town **Brush** (Rural)
(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 **CARRIE BELLE DRAPER**

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

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **But Draper** 6. (c) Age of husband or wife if alive **68** years
7. Birth date of deceased **Oct. 2 1881**
(Month) (Day) (Year)

8. AGE: Years **61** Months **8** Days **6** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **How D. Newman**

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

14. Maiden name **Constance Perry**

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

16. (a) Informant **But Draper**

(b) Address **Brush Mo**

17. (a) **Burial** (b) Date thereof **6-11-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bullion Country**

18. (a) Signature of funeral director **Fred P. Cook**

(b) Address **Brush Mo**

19. (a) **6/11/43** (b) **Mrs. J. W. Wayne**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **8**
year **1943** hour **5** minute **20** P.M.

21. I hereby certify that I attended the deceased from **New**
Brush Mo to **alive**, 19____
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **acute indigestion**
it was acute indigestion Duration **2 hrs**

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) **118.3**

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?

While at work? _____ (Specify type of place) (e) Means of injury **0**

23. Signature **H.M. Humphrey** (M.D. or other) **MD**
Address **Brush Mo** Date signed **6/10-43**

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

1049

RECEIVED

District Health Officer No. 10

District File Number 7-4 3-1170

Date Filed JUL 30 1943

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 Foster R. Emley

Licensed Embalmer No. 1146

P. O. Address Brashear, 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.