

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 24 1943

Registration District No. 109

Primary Registration District No. 5272

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Christian Co.

(b) City or town Rural Park Twp.  
(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 57 yrs  
years, months or days

3. (a) PRINT FULL NAME Lena Marie Drummeyer

3. (b) If veteran, name war V

3. (c) Social Security No. V

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Dec 25 1851  
(Month) (Day) (Year)

8. AGE: Years 91 Months 7 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation house work

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Wagman

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

MOTHER FATHER { 14. Maiden name no knowledge

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

16. (a) Informant's own signature R. A. Kruger

(b) Address Billings R-1

17. (a) \_\_\_\_\_ (b) Date thereof Aug 12 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt Oliv Cem

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

(b) Address Billings Mo

19. (a) July 31 (b) Mary J. Spears  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Christian

(c) City or town Near Billings  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A. 74 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28<sup>th</sup>  
year 1943 hour 6 minute P M.

21. I hereby certify that I attended the deceased from August 10 1942 to July 24 1943  
that I last saw her alive on July 24 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 1 week

Due to arterio sclerotic heart disease unk

Due to Senility

Other conditions (Include pregnancy within 3 months of death) 930

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 \_\_\_\_\_

23. Signature Charles A. Spears (M. D. or other) M.D.

Address Billings Date signed 7-30-43

HEALTH OFFICE  
Health Officer No. 6,  
Telephone Number 843-928  
Date 4-16-25

**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 me

working under my personal supervision. \_\_\_\_\_, Registered Apprentice No. For Wallall Funeral Home

Signed C J Lloyd

Licensed Embalmer No. 3527

P. O. Address Bellingham, WA.

**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, above space should be left blank.