

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33457
Registrar's No. 4107

FILED NOV 1 1943
Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County... Jackson
(b) City or town... Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7418 Washington /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... (Specify whether years, months or days)
In this community... 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Jackson
(c) City or town... Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 7418 Washington
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Samuel Drumond

3. (b) If veteran, name war... No 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Feb. 29, 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 9 8 18 16 hr. min.

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

10. Usual occupation Night Watchman

11. Industry or business

MOTHER FATHER

12. Name Unknown
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 Robert Killen

(b) Address 1614 East 31st. St. K.C., Mo

17. (a) Burial (b) Date thereof Oct. 18, 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director [Signature]

(b) Address [Address]

19. (a) 10-18-43 (b) P. C. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15
year 1943 hour 9 am minute M.

21. I hereby certify that I attended the deceased from July 1
1943, to Oct 15, 1943

that I last saw him alive on Oct 15, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach over 1 year
Duration

Due to...
Due to... 46.6

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?

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

23. Signature S. W. Fair (M. D. or other) MD
Address 404 1/2 W. 75th K.C. Mo Date signed 10/18/43

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

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.....

Harlyn Roe

Licensed Embalmer No.....

2810

P. O. Address.....

15 E. 2nd

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.