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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

3752

State File No.

FILED DEC 15 1943

Registration District No.

Primary Registration District No. 5037

Registrar's No. 159

1. PLACE OF DEATH:

(a) County Audrain

(b) City or town Rual, Saltriver Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
R.F.D. #4, Mexico
(If not in hospital or institution, write street number or location)

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

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 4

(c) City or town Rual 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. R.F.D. #4, Mexico
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Alice Willingham Drake

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased May 2, 1855
(Month) (Day) (Year)

8. AGE: Years 88 Months 6 Days 17 If less than one day hr. min.

9. Birthplace Audrain County, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Willingham
13. Birthplace Audrain County, Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emma Shobe
15. Birthplace Callaway County, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Burl Willingham
(b) Address Moline, Mo.

17. (a) Burial
(Burial, cremation, or removal)
(b) Date thereof Nov. 21, 43
(Month) (Day) (Year)
(c) Place: burial or cremation Gelade Cemetery

18. (a) Signature of funeral director Earl E Pund
(b) Address Mexico, Mo.

19. (a) 11/20/43 (Date received by registrar)
(b) Margaret H Mackie (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19
year 1943 hour 3 PM. minute M.

21. I hereby certify that I attended the deceased from 10-20-, 1943 to 11-19, 1943; that I last saw h. a. alive on Nov. 19, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Infirmities of old age.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

162 P

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 John A. Owen (M. D. or other) Do.

Address Mexico, Mo. Date signed 11-20-43

1074

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-43-1950
Date Filed DEC 13 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

Earl E. Precht, Registered Apprentice No.

working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.