S. No. 2
DM—2-43
5-17-39
I X35697

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

State File No. 40022

Registration District No. 5 1949 — Primary Registration District No. 1002 — Registrar's No. 5436

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: General Hospital No. 2 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12-15-43-12-17-43 (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3
(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No. 912 E. 11th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME JOHN DRAKE

3. (b) If veteran, name war no

3. (c) Social Security No. 496-09-9242

4. Sex Male

5. Color or race 2 Negro

6. (a) Single, widowed, married, divorced 2 Widower

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased October (Month) 25 (Day) 1901 (Year)

8. AGE: Years 42 Months 1 Days 22 If less than one day hr. min.

9. Birthplace Shawnee (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Janitor

11. Industry or business Safety Federal 815 E. 9th

FATHER
12. Name George Drake 0
13. Birthplace (City, town, or county) unknown (State or foreign country)

MOTHER
14. Maiden name Allene Dock 0
15. Birthplace (City, town, or county) unknown (State or foreign country)

16. (a) Informant Record Clerk
(b) Address General Hospital No. 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-21-43 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director A. M. Hudson
(b) Address 1513 Troost

19. (a) 12-21-43 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 17 year 1943 hour 6:10 minute A. M.

21. I hereby certify that I attended the deceased from December 15, 1943 to December 17, 1943 that I last saw him alive on December 17, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Gangrenous Peritonitis

Due to Strangulated Hernia (Rt. Inguinal) Post Operative

Due to

Other conditions 122a
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 G. A. Brown (M. D. or other)
Address Gen. Hosp. #2 600 E 22 Date signed 12/20/43

(Licensed Embalmer's Statement on Reverse Side)

JAN 7 1944

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.....

Licensed Embalmer No.....

P. O. Address.....

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.