

FILED JAN 14 1944

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 236

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
McCune-Brooks Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

3. (a) PRINT FULL NAME DR. WILLIAM FRED DRYSDALE

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased October 24, 1867
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 1 If less than one day hr. min.

9. Birthplace Perth, Ontario, Canada
(City, town, or county) (State or foreign country)

10. Usual occupation Physician M.D.

11. Industry or business

12. Name Alexandra Drysdale

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

14. Maiden name Martina O'neil

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

16. (a) Informant Mrs. Ralph Holliday

(b) Address Carthage, Missouri

17. (a) Cremation (b) Date thereof 12-27-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Missouri

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 Garrison, Carthage, Mo.

19. (a) Dec. 27 '43 (b) E. Elizabeth Corplein
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
COUNTRY: CANADA PROVINCE: ONTARIO
(a) (b) County
(c) City or town PAKENHAM
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? YES (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 25,
year 1943 hour 6:45 minute A. M.

21. I hereby certify that I attended the deceased from Dec. 24, 1943 to Dec. 25, 1943
that I last saw him alive on Dec. 25, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction Duration 5 days

Due to Coronary Occlusion 5 days

Due to Hypertension unknown

Other conditions nephritis, chronic unknown
(Include pregnancy within 3 months of death)

Major findings:
Of operations 131
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) (c) Means of injury
23. Signature Emory W. ... (M. D. or other) MD
Address Carthage, Mo. Date signed DEC 27 1943

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

43-12-1047

JUL 10 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

Edlicent

Licensed Embalmer No.

2222

P. O. Address

Carthage

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.