

FILED FEB 24 1944

Registration District No. 100

Primary Registration District No. 1002

Registrar's No.

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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1-18-44-2-5-44
(Specify whether years, months or days)

In this community 8 Months
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Edgar L. Drew

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male 5. Color or Race Negro

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

6. (b) Name of husband or wife Eleanor Drew

6. (c) Age of husband or wife if alive Dec 17 1886 Years (Day) (Year)

7. Birth date of deceased Dec 17 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

55 1 27 18 hr. min.

9. Birthplace Cooper Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business

MOTHER FATHER

12. Name Isaac Drew

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

14. Maiden name Sallie Gray

15. Birthplace Bunston Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof Feb 8-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery West Clayton Mo

18. (a) Signature of funeral director W. C. Brown

(b) Address 1905 Vine St.

19. (a) 2-8-44 (b) W. C. Brown
(Date received local registrar) (Registrar's signature)

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. 2543 Brooklyn
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 5
year 1944 hour 3:30 minute A. M.

21. I hereby certify that I attended the deceased from January 18
1944 to February 5 1944
that I last saw him alive on February 5 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure

Due to Hypertensive Heart Disease

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 W. C. Brown (M. D. or other)

Address Gen Hospital 6006 22 Date signed 2/7/44

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

C. H. West

Licensed Embalmer No.

2710

P. O. Address

Kansas City, Mo.

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.