

FILED JUN 22 1944
199

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 2343

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:
Trinity Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution since 5-20-44
(Specify whether
In this community 9 years, _____
years, months or days) _____

3. (a) PRINT FULL NAME

Ralph R. Drake

3. (b) If veteran,

name war no.

3. (c) Social Security

No. no.

4. Sex Male

5. Color or race White

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

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

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

7. Birth date of deceased: February
(Month)

24 1864
(Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

80

3

7

hr.

min.

9. Birthplace

Ohio

(City, town, or county)

(State or foreign country)

10. Usual occupation

Retired

11. Industry or business

x

12. Name

Lewis I. Drake

9

13. Birthplace

Unknown

(City, town, or county)

(State or foreign country)

14. Maiden name

Grace

15. Birthplace

Unknown

(City, town, or county)

(State or foreign country)

16. (a) Informant

Miss Hazel Drake

(b) Address

5906 Alhambra, Kansas City, Kas.

17. (a) Removal

(Burial, cremation, or removal)

(b) Date thereof 6-1-44

(Month) (Day) (Year)

(c) Place: burial or cremation

Iola, Kansas

18. (a) Signature of funeral director

Stine & McClure

(b) Address

3235 Gillham Plaza, K. C., Mo.

19. (a) 6-1-44

(Date received local registrar)

(b) H. E. Brown

(Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte
(c) City or town Kansas City 999
(If outside city or town limits, write "RURAL") 14
(d) Street No. 5906 Alhambra
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country x L

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1
year 1944 hour 10 minute 50 A. M.

21. I hereby certify that I attended the deceased from May
19, 1944 to June 1, 1944;
that I last saw him alive on June 1, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death

Cholecystitis & Hepatitis

Duration

Due to _____

Due to _____

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:

(c) 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? _____ (c) Means of injury _____

23. Signature George C. Brown (M. D. or other)

Address 1630 Prof. Bldg Date signed 6/1/44

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

Dr. George Lee

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 *John H. Hurley*
Licensed Embalmer No. *4050*
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.