V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 3 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 30 Primary Registration District No. 5103 Registrar's No. 27

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

1. PLACE OF DEATH:
(a) County Benton
(b) City or town "Rural" E. Lindsey Twp Warsaw
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Benton
(c) City or town "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. Rt 1 Warsaw, Mo.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Herbert Morgan Drake
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 single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 12 (Day) 1875 (Year)

8. AGE: Years 69 Months 1 Days 25 If less than one day hr. min.

9. Birthplace Benton Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation farmer
11. Industry or business
FATHER
12. Name Clay Drake
13. Birthplace Not K- (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Susan Irene Morgan
15. Birthplace Bates Co. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Miss Bessie Drake
(b) Address Warsaw Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 9 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Riverside Cemetery
18. (a) Signature of funeral director White-Reser
(b) Address Warsaw Mo.
19. (a) 7/10/44 (Date received local registrar) (b) Jas. A. Logan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7 year 1944 hour 6 minute 30 P.M.
21. I hereby certify that I attended the deceased from 6-14-44 July 7, 1944, to July 7, 1944 that I last saw him alive on on June 28, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart failure	
Due to Intes Flue	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

33 P

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 H G Savage (M. D. or other)
Address Warsaw Mo Date signed 7-8-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 7-44-878
Date Filed 8-2-44

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 Harold H. Turpin

Licensed Embalmer No. 3053

P. O. Address Warsaw 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.