V. S. No. 2
100M—2-43
Rev. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25006

State File No.

FILED AUG 10 1944

Registration District No. 1944

Primary Registration District No. 3032

Registrar's No. 82

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

51
2
2

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Warrensburg (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 516 Missouri Ave, (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether) 1

In this community 81 Yrs (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51

(c) City or town Warrensburg (If outside city or town limits, write "RURAL") 2

(d) Street No. 516 Missouri (If rural, give location) 2

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Mary Elizabeth Drummond

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 1

5. Color or race White 1

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

6. (b) Name of husband or wife James Theodore Drummond

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

7. Birth date of deceased June (Month) 2 (Day) 1863 (Year)

8. AGE: Years 81 Months 1 Days 9 If less than one day ___ hr. ___ min.

9. Birthplace Johnson Co. (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housekeeper

11. Industry or business Home

FATHER
12. Name Nicholas Greim
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Barbra Bruner
15. Birthplace (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Mrs. Geo. B. Maune. 1

(b) Address 516 Missouri Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-13-44 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Sweeney Phillips

(b) Address Warrensburg, Mo.

19. (a) July 12, 1944 (Date received local registrar) (b) Leola M. Williams (Registrar's signature)

1601.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11 year 1944 hour 11 minute a M.

21. I hereby certify that I attended the deceased from April 9, 1944, to July 1, 1944 that I last saw her alive on July 10, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death She had Twelve three attacks of Anginal Pectoris followed by a Heat block — Duration 10 days

Due to Sclerosed Arteries grading supervened for a number of years — 2 Months

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations no operations

Of autopsy no 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature John T. Andrews (M. D. or other)

Address Warrensburg, Missouri Date signed 7-12-44

(Licensed Embalmer's Statement on Reverse Side)

MAR 30 1949

JUN 9 1950

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 J. Earl Priest.

Licensed Embalmer No. 3878

P. O. Address Warrensburg, 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.