

V. S. No. 2
100M-5-43
Rev. 5-17-39
I X36671

State File No.

Registrar's No.

FILED AUG 23 1944

Registration District No. 149

Primary Registration District No. 1002

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

48
3
8

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:
6826 SOUTH BENTON BLVD.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) 50 YEARS

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. 6826 SOUTH BENTON BLVD.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME MRS. WILDA M. DRAKE

3. (b) If veteran, name war. NO

3. (c) Social Security No. none

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife ZED W. DRAKE

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased JUNE 23 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
72	1	20	hr. min.

9. Birthplace FLATTOP WEST VIRGINIA
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEKEEPER

11. Industry or business

12. Name SAMUEL BARKER

13. Birthplace WEST VIRGINIA
(City, town, or county) (State or foreign country)

14. Maiden name MARY MEADOR

15. Birthplace WEST VIRGINIA
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. ELEANOR MAY SPREITZER

(b) Address 6826 SOUTH BENTON BLVD.

17. (a) BURIAL (b) Date thereof 8-15-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. MORIAH

18. (a) Signature of funeral director D.W. Newcomers Land

(b) Address 1401 Beaul Creek Blvd. K.C. Mo

19. (a) 8-14-44 (b) T.E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13th year 1944 hour 8:30 minute A.M.

21. I hereby certify that I attended the deceased from Aug 13 1944 to Aug 15 1944

that I last saw h.c.h. alive on Aug 13 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Head failure
Carcinoma stomach

Duration months

Due to

Due to 465

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:

(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 Esther Wildeman (M. D. or other) M.D.
Address 2050 Broadway Date signed Aug 13 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.....

Oscar Horkley

Licensed Embalmer No.....

1767

P. O. Address.....

11 E. 9th

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.