

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 13 1944

Registration District No. 134

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5508

State File No.

27836

Registrar's No.

132

1. PLACE OF DEATH:

(a) County Hennepin
(b) City or town Rural Deepwater
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME

JESSE BOONE 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 1 6. (c) Age of husband or wife if alive 17 years (Day) (Year)
7. Birth date of deceased June 17 - 1867 (Month) (Day) (Year)

8. AGE:

Years 77 Months 3 Days 20 If less than one day hr. min.

9. Birthplace

(City, town, or county)

(State or foreign country) I. O.

10. Usual occupation

Farmer

11. Industry or business

12. Name Samuel Drake
13. Birthplace Penn. (City, town, or county) (State or foreign country)
14. Maiden name Charlotte Hunt
15. Birthplace I. O. (City, town, or county) (State or foreign country)

16. (a) Informant

Charles Krutinger

(b) Address

Montross Mo

17. (a)

Burial (Burial, cremation, or removal)

(b) Date thereof

Aug 10 44 (Month) (Day) (Year)

(c) Place: burial or cremation

Union Cem

18. (a) Signature of funeral director

Frank Lee

(b) Address

Appleton City Mo

19. (a)

August 9 1944 (Date received local registrar)

(b) Registrar's signature

Georgia Kitchen

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Hennepin
(c) City or town Rural Deepwater (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7 year 1944 hour 7 minute 15 P. M.

21. I hereby certify that I attended the deceased from June 1 1944 to Aug 7 1944 that I last saw him alive on Aug 7 and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure
Starvation

Due to

Cancer of lip and metastasis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations 45a

Of autopsy 0

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) 0
(b) Date of occurrence 0
(c) Where did injury occur? (City or town) (County) (State) 0
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work?

(Specify type of place)

(c) Means of injury 0

23. Signature

O. L. Hanson

(M. D. or other) 9/10/44

Address

Appleton City

Date signed 7-8-44

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 1 1958

RECEIVED

District

District

Date Filed

Officer No. 7;

8-44-1042

9-11-54

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 *Me*

on the 7th day of Aug 1944

Registered Apprentice No.

working under my personal supervision.

Signed

Frank

Licensed Embalmer No.

1099

P. O. Address

Appleton 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.