

No. 4
M-5-43
5-17-39
X38671

FILED OCT 9 1944

Registration District No. 213

Primary Registration District No. 16044

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Ripley

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

(c) Name of hospital or institution: at home - Rural -
(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

3. (a) PRINT FULL NAME Emma Drew

(b) If veteran, name war _____

(c) Social Security No. _____

4. Female 5. Color or race _____

6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife George Drew 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan - 5 - 1872
(Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 16 If less than one day _____ hr _____ min.

9. Birthplace Jefferson Co. Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Housewife

MOTHER FATHER

12. Name James Duncan

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

14. Maiden name Arnold

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

16. (a) Informant Bertha Warren (Neighbor)

(b) Address Bardley, Mo.

17. (a) Burial (b) Date thereof 8-22-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bardley, Mo.

18. (a) Signature of funeral director J. E. Orsman

(b) Address Doniphan, Mo.

19. (a) 9-7-44 (b) G. G. Sprague
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ripley 91

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

(d) Street No. Rural
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 21
year 1944 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from 8-20-1944 to 8-21-1944
that I last saw her alive on 8-21-1944
and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis

Due to Arterial Sclerosis

Due to Infected Gall Bladder

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

Duration

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 0

23. Signature J. C. Edley, M.D. (M. D. seal)
Address Doniphan, Mo. Date signed 8/22/44

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

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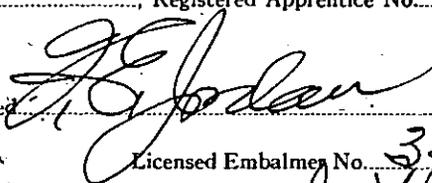
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 3200

P. O. Address. *Doniphan 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 31602Registration District No. 303Primary Registration District No. 6044

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Ripley
 (b) City or town Paris
(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)

3. (a) PRINT FULL NAME Emma Drew

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 2 5. Color or race W 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 5
(Month) (Day) (Year)

8. AGE: Years 42 Months ? Days _____ If less than one day _____ hr. _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____
 13. Birthplace _____
(City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____
 (b) Address _____
 17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
 (b) Address _____
 19. (a) 9-7-44 (b) G. E. Sprague
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day 1
 year 1944 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____ 19____;
 that I last saw him/her alive on _____ 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

Duration

- Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

- PHYSICIAN _____
 Major findings:
 Of operations _____
 Of autopsy _____
 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 _____ (M. D. or other) _____
 Address _____ Date signed _____

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

SUPPLEMENTAL

