

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40652

State File No. _____

FILED JAN 9 1945
Registration District No. 42

Primary Registration District No. 5125

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town "Rural" Center
(c) Name of hospital or institution:
4 Mi. So. 1/2 Mil East on Sparta Rd.
(d) Length of stay: In hospital or institution 14 years
In this community 14 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town "Rural" Center
(d) Street No. 4 mi. So. 1/2 mi E. on Sparta Rd.
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Anson Gregory Drew

3. (b) If veteran, name war none 3. (c) Social Security No. Unknown

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary A. Drew 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased November 8 1863

8. AGE: Years 81 Months 1 Days 20

9. Birthplace unknown Ohio

10. Usual occupation -retired railroad man

11. Industry or business Des Moines Union

12. Name Arron Drew
13. Birthplace unknown Ohio
14. Maiden name unknown
15. Birthplace unknown

16. (a) Informant Mrs. A. G. Drew
(b) Address R. R. #5 St. Joseph, Mo.

17. (a) removal (b) Date thereof 12/29/44

(c) Place of burial or cremation Newton, Iowa
18. (a) Signature of funeral director

(b) Address 319 So 10th Street

19. (a) 12/29/44 (b) Signature of Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23 year 1944 hour 12 minute 40P M.

21. I hereby certify that I attended the deceased from 4/30 to 12/29, 1944 that I last saw him alive 9/29/44 and that death occurred on the date and hour stated above. Immediate cause of death Coronary Disease

Due to Arteriosclerosis
Due to Hypertension
Other conditions: 94W
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Of operations
Of autopsy

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature: [Signature] (M. D. or other) M.D.
Address 218 N 7th St. St. Joseph, Mo. Date signed 12/29/44

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

MOTHER, FATHER

1377

(Licensed Embalmer's Statement on Reverse Side)

Dr. Clayton Smith
218 No. 7th

JAN 22 1945

APR 11 1945

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 Edward A. Brennan

Licensed Embalmer No. 1710

P. O. Address St. Joseph, 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.