y. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3039

FILED FEB 9 1945

Registration District No. 2 74 Primary Registration District No. 5925 Registrar's No. 18

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: Route 1, Beaman (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ; In this community 58 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

(d) Street No. Route 1, Beaman (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Charles Archibald Drinkwater

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 Married

6. (b) Name of husband or wife Elizabeth Frances Farley Drinkwater

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased August 9, 1857 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
87	5	4	hr. min.

9. Birthplace Cooper County, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Agriculture

MOTHER FATHER

12. Name Archibald Drinkwater

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

14. Maiden name Sarah Ann Dickard

15. Birthplace Cooper County, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Opal Coon, (daughter)

(b) Address Beaman, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/16/45 (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director Duane Furrow

(b) Address Sedalia, Missouri

19. (a) 1/16/45 (Date received by local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13 year 1945 hour 5:00 minute P. M.

21. I hereby certify that I attended the deceased from Mar. 12, 1945 to Jan 2 1945 that I last saw him alive on Jan 2 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Apoplexy Cerebral	6 Hours
Due to Hemorrhage Cerebral	" "
Due to Arteriosclerosis	3 years
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations None

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature John McNish (M. D. or other) MD

Address Houstonia Date signed 1-16-45

1022

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-8-45

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 Duane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia 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.