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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19839

FILED JUL 13 1945

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 723

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital ~~or institution~~ 9 days (Specify whether C)
In this community 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph, Mo (If outside city or town limits, write "RURAL") 11
(d) Street No. 705 So. 10th (If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No) 7
If yes, name country

3. (a) PRINT FULL NAME Drucilla Aitkens
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife deceased
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 17 (Day) 1876 (Year)

8. AGE: Years	Months	Days	If less than one day
68	10	12	hr. min.

9. Birthplace Ray County (City, town, or county) Mo (State or foreign country)
10. Usual occupation housewife
11. Industry or business

FATHER
12. Name Thomas Murray
13. Birthplace Ray County (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Little
15. Birthplace Ray County (City, town, or county) Mo (State or foreign country)

16. (a) Informant Willie Aitkens
(b) Address Plattsburg, Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/29/1945 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn
18. (a) Signature of funeral director Lyon Funeral Home
(b) Address Plattsburg, Mo.
19. (a) 6-29-45 (Date received local registrar) (b) Helen J. Peebles (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29th year 1945 hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from June 6th, 1945 to June 29th, 1945 that I last saw her alive on June 28th, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
fracture, right elbow	23 days
Due to probable fat embolism	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: none	
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: 13
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence June 6th, 1945
(c) Where did injury occur? St. Joseph, Missouri (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Hit in street while crossing st. Near 10th. & Lo (Specify type of place)
While at work? No (e) Means of injury Car

23. Signature W. H. Zachlebe M.D. (M. D. or other)
Address Medical Director-Social Welfare Board Date signed 6/30/45

(Licensed Embalmer's Statement on Reverse Side)

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 F. S. Lyons

Licensed Embalmer No. 957

P. O. Address Stewartsville

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.