

No. 2
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5-17-39
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26691

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
FILED SEP 13 1945 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 2 Primary Registration District No. 5010 4005 Registrar's No. 79

1. PLACE OF DEATH:
(a) County Andrew Benton
(b) City or town Rosendale Ind.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community Most all his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Andrew
(c) City or town Rosendale
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Benton Ind.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME Emma Adeline Drysdale
(b) If veteran, name war:

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month AUG. day 25
year 1945 hour

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Joe Drysdale (deceased)
6. (c) Age of husband or wife if alive

21. I hereby certify that I attended the deceased from OCT. 15, 1945 to AUG. 25, 1945
that I last saw her alive on JULY 16, 1945
and that death occurred on the date and hour stated above.
Immediate cause of death CARCINOMA OF CERVIX UTERI Duration 14 mo.

8. AGE: Years 67 Months 8 Days 18 If less than one day

Due to

9. Birthplace Andrew County Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Horse Roper

Due to

11. Industry or business

Other conditions Diabetes mellitus 10 yrs.
(Include pregnancy within 3 months of death)
Major findings: 2/80
Of operations

12. Name Peter Hope
13. Birthplace Unknown Penn.
(City, town, or county) (State or foreign country)
14. Maiden name Jessie C. Fanning
15. Birthplace Unknown Mo.
(City, town, or county) (State or foreign country)

Of autopsy

16. (a) Informant F.A. Drysdale
(b) Address Rosendale Mo.
17. (a) Removal (b) Date thereof 8-27-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Vona Colgado Cemetery

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)

18. (a) Signature of funeral director Wm. H. ...
(b) Address Manville Mo.
19. (a) 8-25-1945 (b) J.A. ...
(Date received local registrar) (Registrar's signature)

(c) Where did injury occur?

23. Signature W.H. ... (M. D. or other) DO.
Address Manville Mo. Date signed 8-25-45

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

MOTHER FATHER

107.2

(Licensed Embalmer's Statement on Reverse Side)

PP01-AI-182

JAN 29 1946

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 William Campbell
Licensed Embalmer No. 2630
P. O. Address Marquette 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.

Registration District No. 2

Primary Registration District No. 4005-

Registrar's No. 79

1. PLACE OF DEATH:

(a) County Andrews

(b) City or town (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 A. Rydale

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F

5. Color or race w

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Dec 7 (Month) (Day) (Year)

8. AGE: Years 67 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

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 _____ (Month) (Day) (Year)

(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (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 CERTIFICATE FROM

20. DATE OF DEATH: Month _____ year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

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? _____

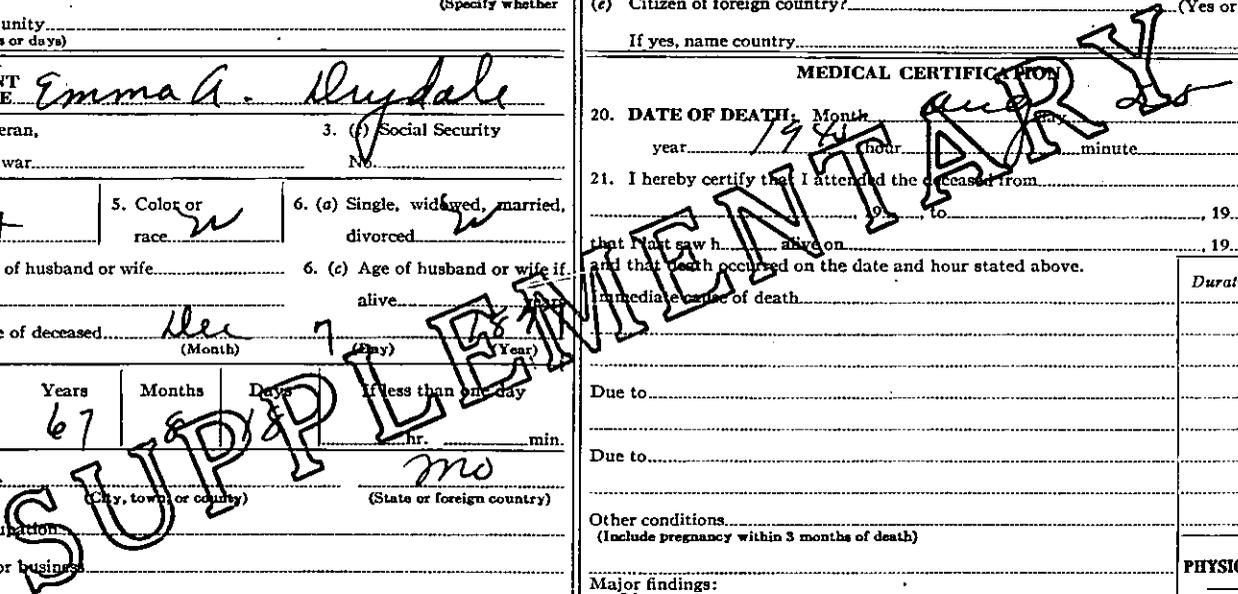
While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

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



JAN 25 1948

5-26691

JAN 29 1946