S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 15 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30738

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: St. Johns 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days (Specify whether In this community all her life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2 (If outside city or town limits, write "RURAL")

(d) Street No. 717 Wall 5 (If rural, give location)

(e) Citizen of foreign country? no 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Delphia Grace Drew

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex fem /

5. Color or race white

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

6. (b) Name of husband or wife Gene Drew

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

7. Birth date of deceased May (Month) 2nd (Day) 1897 (Year)

8. AGE: Years 48 Months 4 Days 9 If less than one day hr. min.

9. Birthplace Galena (City, town, or county) Kans / (State or foreign country)

10. Usual occupation housekeeper

11. Industry or business

FATHER
12. Name Jim Staniford
13. Birthplace Galena (City, town, or county) Kans, / (State or foreign country)

MOTHER
14. Maiden name Virginia Watkins
15. Birthplace Galena (City, town, or county) Kans / (State or foreign country)

16. (a) Informant Gene Drew

(b) Address 717 Wall Joplin Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9 -15th-45 (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial Park

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address 1502 Joplin St. Joplin Mo.

19. (a) 9-14-45 (Date received local registrar) (b) Ed Jones (Registrar's signature)

1404

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11th year 1945 hour 1 minute 20A M.

21. I hereby certify that I attended the deceased from Aug 30, 1945 to Sept 11, 1945 that I last saw her alive on 9-11-45, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebro-spinal Syphilis — Syrup tonus 4 yrs.

Due to

Due to Luetic Meningitis 2 days

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 30
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Walter Howard (M. D. or other)

Address Joplin Mo. Date signed 9/12/45

(Licensed Embalmer's Statement on Reverse Side)

45-9-774

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. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.