

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

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

2342

State File No. _____

FILED FEB 13 1946

Registrar's No. 7

Registration District No. _____ Primary Registration District No. 5181

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Rural Cape Girardeau Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2 1/2 miles South East Friedheim
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Entire life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Cape Girardeau

(c) City or town Rural Cape Girardeau Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 2 1/2 miles S.E. of Friedheim
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Catherine E. Drum

3. (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9 year 1946 hour 4 P.M. minute _____ M.

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Mrs. S. Drum 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 10 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from several times from 1935 to until 1944 that I last saw her alive on Jan 15 1944 and that death occurred on the date and hour stated above.

8. AGE: Years 85 Months 1 Days 29 If less than one day hr. min.

Immediate cause of death I think was heart block from the sudden death of
Due to as she had a weak heart

9. Birthplace Bollinger Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation House work

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business _____

12. Name Mr. Walker

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

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy 950

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

16. (a) Informant Arthur Drum

(b) Address Walbridge Mo.

17. (a) Burial (b) Date thereof Jan 11, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Salem

18. (a) Signature of funeral director S. G. Kraus

(b) Address Fairview

19. (a) 1-15-46 (b) D. G. Tubor
(Date received local registrar) (Registrar's signature)

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 W. H. Playlock (M. D. or other) _____
Address Oak Ridge Mo. Date signed 1-11-46

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

370

RECEIVED

State Embalmer License No. 4
Director's File Number 246-1746
Date Filed 2-11-46

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Rutledge, 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.