

**FILED JUN 13 1946**

Registration District No. **59**

Primary Registration District No. **5217**

Registrar's No. **77**

**1. PLACE OF DEATH:**

(a) County **Cass**

(b) City or town **Rural Austin Twp.**  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution **5 mo.** (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo** (b) County **Cass**

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

(d) Street No. **0** (If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **OLIVER M DRAPER**

3. (b) If veteran, name war **✓**

3. (c) Social Security No. **✓**

4. Sex **Male**

5. Color **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Susie A Draper**

6. (c) Age of husband or wife if alive **64** years

7. Birth date of deceased **Oct 27 - 1872**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<b>73</b>	<b>7</b>	<b>4</b>	hr. min.

**9. Birthplace** **Powersville Putnam Co Mo**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Hamm**

**11. Industry or business**

**12. Name** **Calvin Draper**

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

**14. Maiden name** **Samantha Parley**

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

**16. (a) Informant** **Birdie Koontz**

(b) Address **6011 W. 10 St. Mo.**

**17. (a) Burial** (b) Date thereof **Jan 3 - 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Holston Hills Cem. KC Mo**

**18. (a) Signature of funeral director** **RUNNENBURGER'S**

(b) Address **HARRISONVILLE, MO**

**19. (a) June 3, 1946** (b) **James J. Jones**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **May** day **31**  
year **1946** hour **5:30** minute **A** M.

**21. I hereby certify that I attended the deceased from** **March 16 th.** 1946, to **May 31** 1946, that I last saw him alive on **May 29 th.** 1946, and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis & Chronic Nephritis**

Due to **Hypertension**

Due to **✓**

Other conditions **None**  
(Include pregnancy within 3 months of death)

Duration

**3 yrs**

**1 yr.**

**16 yrs.**

**Major findings:** **none**

Of operations **none**

Of autopsy **none**

**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)

Means of injury **✓**

**23. Signature** **D. H. Owen** (M. D. or other) **Dr.**

Address **Harrisonville Mo** Date signed **6/1-46**

19  
0  
0

14893

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

0.

**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.....

*Ernest Rumberger*

Licensed Embalmer No. *33680*

P. O. Address. *Harrisonville 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.**