

S No. 2
DM-8-43
v. 5-17-39
X37823

22917

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

State File No. _____

FILED JUL 26 1946

Registration District No. 50 Primary Registration District No. 4071 Registrar's No. 33

1. PLACE OF DEATH:
(a) County Camden
(b) City or town Camdenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
On Highway # 54 - in city limits
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 3 years years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Camden
(c) City or town Camdenton
(If outside city or town limits, write "RURAL")
(d) Street No. Sen Dal
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Carl Rudolph Druell
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 12 year 1946 hour _____ minute _____ M.

4. Sex male 5. Color or race Blk 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Leona Druell 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: March 21 1905
(Month) (Day) (Year)

21. I hereby certify that I attended (the deceased) from July 12 1946 to July 12 1946
that I last saw him alive on July 12 1946
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>3</u>	<u>21</u>	hr. _____ min. _____

Immediate cause of death: Cerebral Hemorrhage Duration 1 day

9. Birthplace Beardstown Illinois
(City, town, or county) (State or foreign country)

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) 830

10. Usual occupation meat cutter - Cafe

Major findings: Of operations no operation
Of autopsy none

11. Industry or business Cafe

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

12. Name Geo F Druell

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

14. Maiden name Mal

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

16. (a) Informant Leona Druell
(b) Address Camdenton, Mo

17. (a) Burial (b) Date thereof July 14 - 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation White Oak Burial Cn

18. (a) Signature of funeral director Burkham Woolery
(b) Address Camdenton, Mo

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? _____

19. (a) July 19 1946 (b) Zilpha J. Inaw
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury fall
23. Signature Ed. Johnson (Date signed) July 19 1946
Address Camdenton, Mo

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

MOTHER FATHER

NOV 28 1949

NOV 7
6-46-287
7-25-46

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 *John Bankson Woolery*

Licensed Embalmer No. *2488*

P. O. Address *Candenton, 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.