

No. 2  
-2-43  
-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED** AUG 14 1946

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24682

State File No. \_\_\_\_\_

Registration District No. 301

Primary Registration District No. 4480

Registrar's No. 2141

1. PLACE OF DEATH:

(a) County Ripley

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

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

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Ripley

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

(d) Street No. \_\_\_\_\_  
(If rural, give location)

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

3. (a) PRINT FULL NAME Preston H. Drane

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20  
year 1946 hour 8:10 minutes 30 A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Cora Ellen Drane 6. (c) Age of husband or wife if alive 20 years

7. Birth date of deceased: April (Month) 24 (Day) 1923 (Year)

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

8. AGE: Years 23 Months 2 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: Strangulation

Due to: suicide by hanging

Due to \_\_\_\_\_

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

10. Usual occupation common labor

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

11. Industry or business Joe Drane

12. Name Joe Drane

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

14. Maiden name Lipton

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

15. Birthplace Ripley co, mo. (City, town, or county) (State or foreign country)

16. (a) Informant Joe Drane

(b) Address Bardley mo

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence July 20, 1946

(c) Where did injury occur? Doniphan Ripley mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Rooming house  
(Specify type of place) (e) Means of injury

(c) Place: burial or cremation Dixie Cemetery

18. (a) Signature of funeral director E. Jordan

(b) Address Doniphan mo

19. (a) 7-30-46 (Date received local register) (b) Ed Johnson (Registrar's signature)

23. Signature Ed Johnson (M. D. or other) \_\_\_\_\_

Address Doniphan mo Date signed 7/29/46

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

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**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.....

Licensed Embalmer No. ....

P. O. Address.....

**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.**

*J. E. Jordan*  
3200  
Duniphan  
Mo