S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE — THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

FILED AUG 19 1946

STANDARD CERTIFICATE OF DEATH

State File No. 26539

Registration District No. 59 Primary Registration District No. 4097 Registrar's No. 115

1. PLACE OF DEATH

(a) County: Cass
(b) City or town: Harrisonville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓
(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)
In this community: 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Cass 19
(c) City or town: Harrisonville (If outside city or town limits, write "RURAL") 1
(d) Street No.: 505 S. Pearington St (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country: ✓

3. (a) PRINT FULL NAME: Henry E Draper
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: Male 0
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Cora B Draper
6. (c) Age of husband or wife if alive: 76 years
7. Birth date of deceased: July (Month) 4 (Day) 1871 (Year)
8. AGE: Years 75 Months — Days 29 If less than one day hr. ✓ min.
9. Birthplace: Indiana (City, town, or county) (State or foreign country)
10. Usual occupation: Retired Farmer
11. Industry or business:
FATHER 12. Name: Hugh Draper
13. Birthplace: Ind (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Margaret E Patton
15. Birthplace: Ind (City, town, or county) (State or foreign country)
16. (a) Informant: Cora B. Draper.
(b) Address: Harrisonville Mo
17. (a) Burial: (Burial, cremation, or removal) (b) Date thereof: Aug 5-1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Orient Cemetery
18. (a) Signature of funeral director: RUNNENBURGER'S
(b) Address: HARRISONVILLE, MO.
19. (a) Aug. 6-1946 (Date received local registrar) (b) Laura J Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3 year 1946 hour 7 minute a. M.
21. I hereby certify that I attended the deceased from Feb. 6 1946, to Aug. 3 1946, that I last saw him alive on Aug. 3 1946, and that death occurred on the date and hour stated above.

Immediate cause of death: Mitral Insufficiency — Duration
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death): NZK
Major findings: Of operations:
Of autopsy:

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: 0
23. Signature: J. S. Triplett (M. D. or other)
Address: Harrisonville Mo. Date signed 8/6/46

Per Embalmer (Licensed Embalmer's Statement on Reverse Side)

DEC 19 1955

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 Rammenburger

Licensed Embalmer No. 3368

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.