S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1946

Registration District No. 243

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3836

State File No. 34265

Registrar's No. 88

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Rural; Neosho TWN:
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Route #1. Neosho, 1
(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 46 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Neosho, Route 1;
(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 No

3. (a) PRINT FULL NAME Jasper N. (Jap) Drew;
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Cordelia Drew.
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Mar. 12, 1864 (Month) (Day) (Year)

8. AGE: Years 82 Months 7 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace Green Castle Co; Missouri (City, town, or county) (State or foreign country)
10. Usual occupation retired Lead & Zinc Miner
11. Industry or business
FATHER
12. Name William Drew
13. Birthplace No Record (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Reed
15. Birthplace Atlantic Ocean enroute From Germany (City, town, or country) (State or foreign country)
16. (a) Informant Mrs L. E. Abbott.
(b) Address Neosho Mo; Route 1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 30, 46 (Month) (Day) (Year)
(c) Place: burial or cremation Jackson Cemetery
18. (a) Signature of funeral director Hurlbut Und. Co;
(b) Address Joplin Mo.
19. (a) Oct. 29. 1946 (Date received local registrar) (b) Melvin C. Bowman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. 28 day 1946
year ..... hour 8-00 A.M. minute ..... M.
21. I hereby certify that I attended the deceased from March 14, 1946, to Oct 28, 1946
that I last saw him alive on October 27, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus — Duration 7 Mo.
Due to
Due to
Other conditions Diabetic Gangrene
(Include pregnancy within 3 months of death)
Major findings:
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? — (Specify type of place)
While at work? ..... (e) Means of injury —
23. Signature Melvin McCullough (M. D. or other) D.O.
Address Law Bldg Neosho, Mo. Date signed 10/24/46

223

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. Newton

District File Number 1146-166

Date Filed 11-8-46

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 Perry K. Hulchit

Licensed Embalmer No. 959

P. O. Address Joplin 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.