

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 19 1946
Registration District No. 22

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39585

State File No. _____

Primary Registration District No. 4042

Registrar's No. 59

1. PLACE OF DEATH:

(a) County BOLLINGER
(b) City or town LUTESVILLE
(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 _____ (Specify whether)
In this community LIFETIME years, months or days

3. (a) PRINT FULL NAME DRUCILLA JANE BAKER

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

4. Sex F! 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased Nov. 30 1861
(Month) (Day) (Year)

8. AGE: Years 85 Months 0 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace BOLLINGER Co. Mo. n
(City, town, or county) (State or foreign country)

10. Usual occupation HWF.

11. Industry or business _____

12. Name ANDREW J. CRITES

13. Birthplace BOLLINGER Co. Mo. n
(City, town, or county) (State or foreign country)

14. Maiden name ELIZABETH SHEARN

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

16. (a) Informant A. J. BAKER

(b) Address LUTESVILLE, Mo.

17. (a) BURIAL (b) Date thereof 12-12-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BAKER CFM. LUTESVILLE Mo.

18. (a) Signature of funeral director BAKER FUNERAL HOME

(b) Address LUTESVILLE Mo.

19. (a) Dec. 13 1946 (b) Willie H. Vandunburgh
(Date received local registrar) (Registrar's signature)

25

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County BOLLINGER 9
(c) City or town LUTESVILLE 0
(If outside city or town limits, write "RURAL")
(d) Street No. Lorraine Ave. 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 9th
year 1946 hour 9:00 minute 45 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Cardiac Decomposition

Cerebral Hemorrhage

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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 John J. Myers (M. D. or other) _____

Address Lutesville Mo. Date signed 12/13/46

RECEIVED

District Health Officer No. 4
District File Number 1246-2993
Date Filed 12-17-46

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.....

J. C. Graham

Licensed Embalmer No. 4010

P. O. Address Lebanon, 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.