

FILED JAN 29 1947

Registration District No.

Primary Registration District No. 4163

Registrar's No. 8

Dec 6 5 04 1947

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

1. PLACE OF DEATH:

(a) County DAVIES

(b) City or town JAMESPORT
(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. 4 Days in community (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Davies

(c) City or town Jamesport
(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 Kerry Bird Drummond

3. (b) If veteran, name war 1st World War 3. (c) Social Security No. 500-07-3157

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Effie Drummond 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased July 16, 1886
(Month) (Day) (Year)

8. AGE: Years 60 Months 5 Days 21 If less than one day hr. min.

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

10. Usual occupation Grain Dealer

11. Industry or business Grain Company

MOTHER FATHER

12. Name William Drummond

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

14. Maiden name Mary West

15. Birthplace Davies Co, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Effie M. Drummond

(b) Address Jamesport, Mo.

17. (a) burial (b) Date thereof 1-9-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gravestone, Jamesport, Mo.

18. (a) Signature of funeral director Edward A. Williams

(b) Address Stanton, Mo.

19. (a) 1-10-47 (b) Hughes M. English
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7th
year 1947 hour 7:35 minute A M.

21. I hereby certify that I attended the deceased from Jan. 4
....., 1947 to Jan. 7....., 1947

that I last saw h. 1m alive on Jan. 7....., 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza 1 Wk.
Leukemia 1 Yr.

Due to

Due to

Other conditions PH A
(Include pregnancy within 3 months of death)

Major findings: PH A
Of operations

Of autopsy

Duration

1 Wk.

1 Yr.

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

23. Signature R. W. Thompson (M. D. or other) 0
Address Jamesport, Mo. Date signed 1-8-47

FEB 24 1943

JAN 30 1941

FEB 4 1954

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.....

working under my personal supervision.

Myself

....., Registered Apprentice No.....

Signed

Raymond A. Williams

Licensed Embalmer No. *3426*

P. O. Address *Shelton 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.