

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 30 1947

Registration District No. 137

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 892

Primary Registration District No. 2023

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Clinton
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 707 North 3rd St Clinton Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Augusta L Drake
3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Ben Drake 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased July 1 1882 (Month) (Day) (Year)

8. AGE: Years 64 Months 6 Days 12 If less than one day hr. min.

9. Birthplace Barton County Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

MOTHER FATHER { 12. Name Not Known
13. Birthplace Not Known (City, town, or county) (State or foreign country)
14. Maiden name Not Known
15. Birthplace Not Known (City, town, or county) (State or foreign country)

16. (a) Informant Ben Drake

(b) Address 707 N 3rd Clinton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-47 (Month) (Day) (Year)

(c) Place: burial or cremation Plumant Truinf

18. (a) Signature of funeral director Osceola Home

(b) Address Osceola Home

19. (a) 1-20-47 (Date received local registrar) (b) R. B. Kenny (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
(c) City or town Osceola (If outside city or town limits, write "RURAL")
(d) Street No. 1 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19 year 1947 hour 5 minute 45 M.

21. I hereby certify that I attended the deceased from Jan. 19 1947, to Jan. 19 1947, that I last saw him alive on Jan. 19 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Central hemiplegia
Due to: Hypertension

Due to: none

Other conditions none (Include pregnancy within 3 months of death)

Major findings: Of operations 3A Of autopsy none

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

(a) Accident, suicide, or homicide (specify) none
(b) Date of occurrence none
(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) (e) Means of injury none

23. Signature S. B. Kenny (M. D. or other) MD
Address Clinton Mo Date signed 1/20/47

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

67-12-1
00-12-97-21

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 B Goodrich

Licensed Embalmer No. 3038

P. O. Address Osceola 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.