S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 11 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

12939

State File No.

Registration District No. 83 83

Primary Registration District No. 5-3-2-1 5 3 13

Registrar's No.

27
6
0

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

1. PLACE OF DEATH:

(a) County: Cooper

(b) City or town: North Moniteau (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None (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: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cooper 27

(c) City or town: Rural 0 (If outside city or town limits, write "RURAL")

(d) Street No.: 9 miles North East, Tipton 0 (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: Native

3. (a) PRINT FULL NAME: Ola May Draffen

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: G. W. Draffen

6. (c) Age of husband or wife if alive: 87 years

7. Birth date of deceased: May, 26th. 1882 (Month) (Day) (Year)

8. AGE: Years 64 Months 10 Days 6 If less than one day ... hr. ... min.

9. Birthplace: Cooper County, Mo. 0 (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: Home

FATHER
12. Name: Unknown
13. Birthplace: Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Georgia Allison

(b) Address: Clarksburg, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/4/47 (Month) (Day) (Year)

(c) Place: burial or cremation: Bunceton, Mo.

18. (a) Signature of funeral director: Jennie E. Richard

(b) Address: Tipton Mo.

19. (a) 4-4-47 (Date received local registrar) (b) Birdie Sturgis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 2 year 47 hour 10 30 minute a M.

21. I hereby certify that I attended the deceased from Jan 1941, 19.. to July, 1946 that I last saw her alive on Jan, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	1 min
Due to: Arterial hypertension	Chr
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 8 3 9	
Of autopsy:	

PHYSICIAN — Underline the cause of 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: [signature] (M. D. or other)

Address: Tipton Mo Date signed: 4/2/47

Jefferson City Printing Co. x-72

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number _____

Date Filed 4-18-47

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 me

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

working under my personal supervision.

Signed Jerome E. Richards

Licensed Embalmer No. 3466

P. O. Address Tipton 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.