

No. 2
-12-45
-17-39
I X47070

FILED MAY 19 1947

Registration District No. **128**

Primary Registration District No. **2000**

1. PLACE OF DEATH:

(a) County **Greene**
(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1508 East Sunshine
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
in this community.....
years, months or days)

3. (a) PRINT FULL NAME **William Young Drummond**

3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive **dec.** years

7. Birth date of deceased **April 28, 1959**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 0 10 hr. min.

9. Birthplace **Beverly Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business **Farming**

12. Name **John J. Drummond**

13. Birthplace **Pa.**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Guy J. Drummond**

(b) Address **1508 E. Sunshine**

17. (a) **Removal** (b) Date thereof **5-10-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wichita Kan.**

18. (a) Signature of funeral director **J.W. Klingner & Co.**

(b) Address **Springfield Mo**

19. (a) **5-10-47** (b) **W.E. Handley, Md**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Greene**
(c) City or town **Springfield**
(If outside city or town limits, write "RURAL")
(d) Street No. **1508 East Sunshine,**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **5**
year **1947** hour **1** minute **15 P.** M.

21. I hereby certify that I attended the deceased from **1940**
....., 19..... to **5/5/47**....., 19.....
that I last saw him alive on **5/3/47**....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** Duration **1 wk.**

Due to.....

Due to.....

Other conditions **Senility**
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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?

While at work?..... (Specify type of place)

23. Signature **J.B. Jemman, D.V.** (M. D. or other)
Address **Springfield Mo.** Date signed **5/9/47**

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

MOTHER FATHER

39
2
6
0

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.