

FILED JUL 14 1947

Registration District No. 157

Primary Registration District No. 2040

Registrar's No. 91

1. PLACE OF DEATH:

(a) County Livingston  
(b) City or town Chillicothe  
(If outside city or town limits, write "RURAL," and name of township)  
(c) Name of hospital or institution:  
1203 Walnut Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 3 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston  
(c) City or town Chillicothe  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1203 Walnut  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George Wilbur Draper

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

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lena R. Draper  
6. (c) Age of husband or wife if alive 72 years  
7. Birth date of deceased May 6 1867  
(Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days 25  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Milo Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Elliot Draper  
13. Birthplace Park County Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Jane Harvey  
15. Birthplace Manchester England  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. G. W. Draper

(b) Address Chillicothe, Missouri

17. (a) Burial (b) Date thereof 7-4-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

\* (c) Place: burial or cremation Edgewood Cemetery

18. (a) Signature of funeral director Norman Funeral Home

(b) Address Chillicothe, Missouri

19. (a) July 2-47 (b) Frances B. Neill  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st  
year 1947 hour 8 minute 10 P M.

21. I hereby certify that I attended the deceased from Jan 1947 to 1 July 1947  
that I last saw him alive on 30 June 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Cerebral Hemorrhage  
Due to hypertensive cardiac  
Due to vascular disease

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations AMB  
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)  
(e) Means of injury 0

23. Signature J. W. Vanduser (M.D. or other)  
Address Chillicothe Mo Date signed 5 July

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

59  
1  
2  
0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

AUG 28 1952

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

**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 Elton J. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.**