. S. No. 2
—11-10-39
v. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 24 1947

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

33516

State File No.

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 151

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Rural Washtn. Twp. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Stah Hospital No 3. 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 yr. 1 mo - 23 da (Specify whether years, months or days)

In this community Same time

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald 108

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

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? no. years.

3. (a) PRINT FULL NAME William Drake

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Nettie 2 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased June (Month) 7 (Day) 1887 (Year)

8. AGE: Years 60 Months 3 Days 8 If less than one day hr. min.

9. Birthplace — (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER 12. Name Joseph Wm Drake

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

MOTHER 14. Maiden name Carrie L. Wolf

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

16. (a) Informant Hospital Records

(b) Address Nevada Mo.

Pineville Mo (Burial, cremation, or removal) (b) Date thereof 9 (Month) 16 (Day) 47 (Year)

(c) Place: burial or cremation Pineville Mo

18. (a) Signature of funeral director Finy Fun Home

(b) Address Nevada Mo.

19. (a) 9-16-47 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15 year 1947 hour 1:30 minute P. M.

21. I hereby certify that I attended the deceased from 9-12-47, 19__, to 9-15-47, 19__; that I last saw him alive on 9-15-47, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia — Duration

Due to

Due to

Other conditions Psychosis - Mental Defic. (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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature R B Lester (M. D. or other)

Address Nevada Mo. Date signed 9-15-47.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
8-47-1115
District File Number
9-23-47
Date Filed

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 L B Ferry

Licensed Embalmer No. 1760

P. O. Address Nevada Mi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.