No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 20 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33713

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1238

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph's Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Hours (Specify whether

In this community 11 Months & 25 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph 1 (If outside city or town limits, write "RURAL")

(d) Street No. 1905½ Frederick Ave. 0 (If rural, give location)

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

If yes, name country *

3. (a) PRINT FULL NAME Rose Marie Drennen

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife None

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

7. Birth date of deceased October (Month) 20 (Day) 1946 (Year)

8. AGE: ✓ Years 0 Months 11 Days 25 If less than one day ..... hr. ..... min.

9. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Raymond Drennem
13. Birthplace Lingle (City, town, or county) Wyoming (State or foreign country) 1

MOTHER
14. Maiden name Betty Lou Roberts
15. Birthplace Elpaso (City, town, or county) Texas (State or foreign country) 1

16. (a) Informant Mr. Raymond Drennen

(b) Address 1905½ Frederick Ave.

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

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Herman W. Sidenfaden

(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) 10-17-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15 year 1947 hour 4 minute 10 A.M.

21. I hereby certify that I attended the deceased from Oct 14, 1947 to Oct 15, 1947 that I last saw her alive on Oct 14, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar pneumonia	2 days.
Due to	
Due to Malnurishment	
Other conditions Rickets (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

108

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 C. S. Grant (M.D. or other)

Address St. Joseph, Mo Date signed 10.16.47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Max R. Kirkendall Registered Apprentice No. 86 working under my personal supervision.

Signed Robert K. Apple

Licensed Embalmer No. 3308

P. O. Address St. Joseph, 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.