. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 1 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5585

Registration District No. 241 Primary Registration District No. 4356 5829 Registrar's No. 5

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Portageville rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution None (Point Pleasant)
(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 2 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County New Madrid
(c) City or town Portageville
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Annie Lois Drake
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Fe 3
5. Color or race Col
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased [redacted] Dec. 2 1947 (Month) (Day) (Year)

8. AGE: Years 0 Months 2 Days 0 If less than one day ..... hr. ..... min.

9. Birthplace Portageville (City, town, or county) Mo. (State or foreign country)
10. Usual occupation —
11. Industry or business —
FATHER
12. Name Tommy Jefferson Drake
13. Birthplace Winona (City, town, or county) Miss. (State or foreign country)
MOTHER
14. Maiden name Ruby Crawford
15. Birthplace Houston (City, town, or county) Miss. (State or foreign country)
16. (a) Informant Tommy Drake
(b) Address Portageville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-2-48 (Month) (Day) (Year)
(c) Place: burial or cremation Pt. Pleasant
18. (a) Signature of funeral director Family
(b) Address .....
19. (a) 2-2-48 (Date received local registrar) (b) Ella DeLisle (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 2 year 1948 hour 5 00 minute A. M.
21. I hereby certify that I attended the deceased from 1-30-48, 19..., to 2-2, 1948; that I last saw her alive on 2-2, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia	
Septicemia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

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 .....
23. Signature Park C. Mullen (M. D. or other) M.D.
Address Box 56 Portageville Mo. Date signed 2-2-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 2-48-25
Date Filed 2-25-4

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.