

S. No. 2
M-8-43
5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5907**

FILED MAR 6 1948

Registration District No. **13658**

Primary Registration District No. **445-2 Wentzville**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **St. Charles**

(b) City or town **Wentzville**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **None**
(Specify whether _____)

In this community **Life**
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **St. Charles**

(c) City or town **Wentzville**
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Williman Edward Drake**

3. (b) If veteran, name war _____

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **2** day **22**
year **1948** hour **7** minute **0** M.

4. Sex **M** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Maude Drake**

6. (c) Age of husband or wife if alive **72** years

7. Birth date of deceased **Feb. 19, 1865**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **2-15** 19**48** to **2-22** 19**48**
that I last saw him alive on **2-22** 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia**
Duration **9 days**

8. AGE: Years **83** Months _____ Days **3**
If less than one day hr. _____ min. _____

Due to _____

Due to _____

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

10. Usual occupation **Schoeman**

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business _____

Major findings: Of operations _____

12. Name **Jefferson Drake**

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

14. Maiden name **Dont Know**

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

16. (a) Informant **Maude Drake**

(b) Address **Wentzville, Mo**

17. (a) **Burial** (b) Date thereof **2-24-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wentzville, Linn Cem**

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? _____

18. (a) Signature of funeral director **Wm. W. ...**

While at work (Specify type of place) (c) Means of injury _____

(b) Address **Wentzville, Mo**

19. (a) **2/24/48** (b) **Mrs. Jess Lewis**
(Date received local registrar) (Registrar's signature)

23. Signature **Maude Drake** (M. D. or other) **Dr.**

Address **Wentzville, Mo** Date signed **2-24/48**

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

72

72

9 days

107

21

1/48

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 3/5/68

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 Morris Muschong
Licensed Embalmer No. 2461
P. O. Address Winterville, NC

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.