. No. 2
I—5-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 3 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8143

Registration District No. 63 Primary Registration District No. 4112 Registrar's No. 59

1. PLACE OF DEATH:

(a) County Charlton

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

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

(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Charlton 21

(c) City or town Dalton
(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 ETHEL FRANCES DREW.

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Femal 1

5. Color or race white

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

6. (b) Name of husband or wife Henry Drew

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased March (Month) 11th (Day) 1877 (Year)

8. AGE: Years 71 Months — Days 10 If less than one day hr. min.

9. Birthplace Charlton County (City, town, or county) Mo. D (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Carl Grubble
13. Birthplace Cont Knox (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Rachel Livingston
15. Birthplace Cont Knox (City, town, or county) Tenn (State or foreign country)

16. (a) Informant Mrs John Bruns
(b) Address Mendon

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof March 22 1948 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Keytesville Mo.

18. (a) Signature of funeral director Hyde & Gaines
(b) Address Keytesville Mo

19. (a) Mar 22 48 (Date received local registrar) (b) Mildred Boone (Registrar's signature) 56

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
year 1948 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from January 1, 1943 to March 21, 1948
that I last saw her alive on March 18, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Ch myocarditis

Due to Ch endocarditis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: Don't know / don't know

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

93 P

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 Carl C. Neger (M. D. ~~[illegible]~~) M.D.
Address Keytesville, Mo Date signed 3/22/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8

District File Number _____

Date Filed 4-2-48

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 H. D. Barnett

Licensed Embalmer No. 3046

P. O. Address Kaytenville 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.