No. 2
—5-43
5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 1 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11835

Registration District No. 64 Primary Registration District No. 5245 Registrar's No. 28

1. PLACE OF DEATH:
(a) County Chariton
(b) City or town Rural Keytesville Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Chariton County Infirmary 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In ~~hospital or~~ institution 2½ years (Specify whether
In this community all His Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Chariton 21
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. County Infirmary 2 Miles E. of Keytesville
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HAMPTON-DREW

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 widowed
6. (b) Name of ~~husband or~~ wife Mary Ann Drew
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Oct. (Month) 29 (Day) 1866 (Year)

8. AGE:

Years	Months	Days	If less than one day
81	5	3	hr. min.

9. Birthplace Keytesville (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Coal miner
11. Industry or business
FATHER
12. Name James Drew
13. Birthplace (City, town, or county) Texas 1 (State or foreign country)
MOTHER
14. Maiden name Sarah Fowler
15. Birthplace (City, town, or county) Texas 1 (State or foreign country)
16. (a) Informant Mrs Julia Smith
(b) Address 3934 Central K.C. Mo.
17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4-4-48 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Varnard Cemetery
18. (a) Signature of funeral director Hyde & Garrett
(b) Address Keytesville Mo.
19. (a) 4/4/48 (Date received local registrar) (b) Gustav Pinn (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month April day 2nd year 1948 hour 8 minute A M.
21. I hereby certify that I attended the deceased from Jan 1, 1948, to Apr 2, 1948 that I last saw him alive on 8-1-, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death uremia	
Due to Chronic Hypertrophic prostate	
Due to Chronic Nephritis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

131 B

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 Gustav Pinn (M. D. ~~or other~~)
Address Salisbury Mo Date signed 4/4/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-29-48

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 W. D. Garrett

Licensed Embalmer No. 3046

P. O. Address Kaytesville 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.