

S. No. 2
M-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 12 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15170
State File No.

Registration District No. 391

Primary Registration District No. 4504

Registrar's No. 3

1. PLACE OF DEATH:
(a) County: Stoddard
(b) City or town: Advance
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 24 years (Specify whether years, months or days)
In this community: 24 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Stoddard
(c) City or town: Advance 103
(If outside city or town limits, write "RURAL")
(d) Street No.: 1 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: ROBERT M. DRUM
3. (b) If veteran, name war: none
3. (c) Social Security No.: none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: Jan day: 1
year: 1948 hour: 3 minute: 45 A.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on: 12-24-, 1947
and that death occurred on the date and hour stated above.

4. Sex: Male 5. Color or race: White 6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Ben Mall Drum 6. (c) Age of husband or wife if alive: _____ years
7. Birth date of deceased: April 10 1870
(Month) (Day) (Year)

Immediate cause of death: Carcinomatosis 2-3 yrs
Due to: Ca by Prostate 47

8. AGE: Years: 77 Months: 8 Days: 21 If less than one day: _____ hr. _____ min.

Due to: _____
Other conditions (Include pregnancy within 3 months of death): _____
PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

9. Birthplace: Sedgewickville Mo.
(City, town or county) (State or foreign country)

10. Usual occupation: Retired farmer

11. Industry or business: _____

12. Name: A. F. Drum

13. Birthplace: not known
(City, town or county) (State or foreign country)

14. Maiden name: Sarah Jane Coble

15. Birthplace: Sedgewickville Mo.
(City, town or county) (State or foreign country)

16. (a) Informant: Ben Drum
(b) Address: Advance, Mo.

17. (a) Burial (b) Date thereof: Mar. 2 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Morgan Memorial Park
18. (a) Signature of funeral director: Wm. S. Morgan
(b) Address: Advance, Missouri
19. (a) 4-20-48 (b) Bessie Morgan
(Date received local registrar) (Registrar's signature)

Major findings: _____
Of operations: _____
Of autopsy: _____

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? _____

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

23. Signature: [Signature] (M. D. or other) Wm. Dr.
Address: 801 1/2 Broadway Date signed: 1-14-48
Casper Guardian

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

13
0
0

RECEIVED

District Health Office No. 2,

District File Number 548-608

Date Filed 5-10-48

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.....

Lloyd S. Morgan, Jr., Registered Apprentice No. 430
working under my personal supervision.

Signed Lloyd S. Morgan
Licensed Embalmer No. 336

P. O. Address Advance, 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.