S. No. 2
M—8-43
5-17-39
T X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 14 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

15950
State File No.

Registration District No. 119 Primary Registration District No. 4193 Registrar's No. 14

1. PLACE OF DEATH:
(a) County Gasconade Co.
(b) City or town Hermann, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Workman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days) 2 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County Montgomery
(c) City or town Bluffton, Mo.
(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

3. (a) PRINT FULL NAME Mrs Cora Lottie Drullinger.
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jack J. Drullinger.
6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased May (Month) 18th. (Day) 1884 (Year)

8. AGE: Years	Months	Days	If less than one day
63	11	22	hr. min.

9. Birthplace Portland, (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife.
11. Industry or business

MOTHER
12. Name James Atterberry.
13. Birthplace Big Spring, (City, town, or county) Mo. (State or foreign country)

FATHER
14. Maiden name Susan Benskin.
15. Birthplace Portland, (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Melvin Drullinger
(b) Address Bluffton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13th 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Benskin Cemetery
18. (a) Signature of funeral director Carson Baker
(b) Address Americus, Mo.
19. (a) 5/14/48 (Date received local registrar) (b) O. M. Sundvall (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 year 1948 hour 11 minute 00 P. M.
21. I hereby certify that I attended the deceased from May 9, 1948 to May 10, 1948 that I last saw her alive on May 10 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Fractures of pelvis,	
Severe lacerations left Thigh,	2 days
Shock	
Due to Auto accident	
hemorrhage	
Due to	
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.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 5-8-48
(c) Where did injury occur? Bluffton, Montgomery Mo (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) County road ½ mile north of Bluffton
While at work? (e) Means of injury Auto

23. Signature Carol T. Starr, MD (M. D. or other)
Address Hermann, Mo Date signed 5-11-48

(Licensed Embalmer's Statement on Reverse Side) Call, with F. C. Report

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 10 1948

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

D.B.Baker, Registered Apprentice No.

working under my personal supervision.

Signed D B Baker

Licensed Embalmer No. 3375

P. O. Address Americus, 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.