

Registration District No. 57

Primary Registration District No. 4081

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Carroll  
(b) City or town Bosworth  
(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 \_\_\_\_\_  
(Specify whether  
In this community all his life  
years, months or days)

3. (a) PRINT FULL NAME ROBERT EARL DRAKE

3. (b) If veteran, name war ✓  
3. (c) Social Security No. 49405-5975

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Margaret Drake  
6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased February 16 1885  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>3</u>	<u>25</u>	hr. _____ min. _____

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

10. Usual occupation mechanic

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Frank Drake  
13. Birthplace Carroll County Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Marion Thomas  
15. Birthplace Carroll County Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Robert Drake

(b) Address Bosworth Mo

17. (a) burial (b) Date thereof 6-13-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wheaton Cemetery

18. (a) Signature of funeral director David J. Edwards

(b) Address Bosworth Mo

19. (a) June 17 1948 (b) Pearl Koch  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll  
(c) City or town Bosworth  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11  
year 1948 hour 4 minute 0 M.

21. I hereby certify that I attended the deceased from January 9  
1948 to 1948  
that I last saw him alive on May 31  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion  
Due to Aortitis and aortic atheroma  
Due to Generalized arteries - Sclerosis + hypertension

Other conditions (Include pregnancy within 3 months of death)  
Polycythemia Vera

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 99

22. If death was due to external cause, 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) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

23. Signature D. D. Stover M. D. or other \_\_\_\_\_  
Address Bosworth, Mo Date signed 6/14/48

Duration

3 days

5 yrs

7 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 6-18-48

51948 709

JUN 26 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 \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed David J. Edward

Licensed Embalmer No. 3268

P. O. Address Bowen's Inc.

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.