No. 2
-1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 26 1948

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 19150

Registrar's No. 509

9
2
6

1. PLACE OF DEATH:

(a) County: Greene

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

(c) Name of hospital or institution: 2424 East Ave., (If not in hospital or institution, write street number or location)

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

In this community: 35 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Greene 39

(c) City or town: Springfield (If outside city or town limits, write "RURAL") 2

(d) Street No.: 2424 East Ave. (If rural, give location) 6 3

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Anna F. Draper

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Fay E. Draper

6. (c) Age of husband or wife if alive: 56 years

7. Birth date of deceased: March (Month) 16, (Day) 1894 (Year)

8. AGE: Years	Months	Days	If less than one day
54	3	5	hr. min.

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

10. Usual occupation: House Wife

11. Industry or business: At Home

FATHER
12. Name: Homer Cobler
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Fay E. Draper
(b) Address: 2424 East Ave., Springfield

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/24/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenlawn

18. (a) Signature of funeral director: Loklinger & Co
(b) Address: Springfield Mo.

19. (a) 6-24-48 (Date received local registrar) (b) W E Hundley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21, year 1948 hour 9 minute 45P. M.

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

Immediate cause of death	Duration
Coronary occlusion	1 hr
Due to: Coronary sclerosis with myocardial insufficiency	3½ yrs
Due to:	
Other conditions: none (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause of which death should be charged statistically.

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) (e) Means of injury

23. Signature: Don J Silsby (M. D. or other) MD
Address: Springfield, Mo. Date signed 6-24-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Max Rhodes

Licensed Embalmer No. 4071

P. O. Address Springfield

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.