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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 6 1948

Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19151

Primary Registration District No. 2000

Registrar's No. 524

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: Springfield Baptist Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 hr. (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED: 39

(a) State Mo. (b) County Greene

(c) City or town Walnut Grove Rural
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. #1 Rural Walnut Grove Mo
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Tommy Drysdale

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex M.O

5. Color or race WHITE

6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife .....

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

7. Birth date of deceased June (Month) 26 (Day) 1948 (Year)

8. AGE: Years 0 | Months 0 | Days 0 | If less than one day 1 hr. ..... min.

9. Birthplace Springfield Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Infant

11. Industry or business .....

FATHER
12. Name Lester Edgar Drysdale
13. Birthplace Strafford (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Dorothy Lee Davis
15. Birthplace Walnut Grove Mo. 0 (City, town, or county) (State or foreign country)

16. (a) Informant Lester E. Drysdale
(b) Address Walnut Grove Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn, Walnut Grove Mo

18. (a) Signature of funeral director Jane A. Brinn
(b) Address Walnut Grove Mo.

19. (a) June 28-48 (Date received local registrar) (b) W E Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year 1948 hour 12 minute 30 a.M.

21. I hereby certify that I attended the deceased from June 26, 1948, to June 27, 1948; that I last saw him alive on June 27, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Premature Birth 5½ months	
Due to Insurance	
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) .....

(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 .....

23. Signature J. L. Barber MD (M. D. or other) 0

Address Walnut Grove Mo Date signed June 27 48

(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 James T. Phillips, Registered Apprentice No. 215, working under my personal supervision.

Signed Gene A. Brin

Licensed Embalmer No. 2664

P. O. Address Walnut Grove 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.