

No. 2
M-5-43
5-17-39
I X36871

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27159

State File No. _____

FILED AUG 31 1948

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 208

1. PLACE OF DEATH:

(a) County WODAWAY

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

(c) Name of hospital or institution:
MARTIN LANDEATHER HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 DAYS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WODAWAY

(c) City or town MARYVILLE 74
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location) 1

(e) Citizen of foreign country? YES (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME STANLEY EVERETT DRAIN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month AUG day 20
year 1948 hour 3 minute 15 A.M.

4. Sex MALE 5. Color or race WHITE

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

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

7. Birth date of deceased AUGUST 17, 1948
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from AUG. 17, 1948, to AUG. 20, 1948.
that I last saw him alive on AUG. 19, 1948, and that death occurred on the date and hour stated above.

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

Immediate cause of death PREMATURITY Duration 8 mo

9. Birthplace MARYVILLE MO. 0
(City, town, or county) (State or foreign country)

Due to CHRONIC INTERSTITIAL NEPHRITIS MATERNAL

10. Usual occupation _____

11. Industry or business _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

MOTHER FATHER

12. Name EVERETT HAROLD DRAIN

13. Birthplace BURLINGTON Jct. MO 0
(City, town, or county) (State or foreign country)

14. Maiden name ETHEL ANNA WALKER

15. Birthplace HOPKINS MO 0
(City, town, or county) (State or foreign country)

Major findings: 15

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant EVERETT N. DRAIN

(b) Address PAVEN WOOD, MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 20, 1948
(Month) (Day) (Year)

(c) Place: burial or cremation Ohio Cemetery

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? _____

18. (a) Signature of funeral director Price Funeral Home

(b) Address Maryville Mo.

19. (a) 8-21-48 (Date received local registrar) (b) Bess Holt (Registrar's signature) 24

While at work? _____ (Specify type of place)

(c) Means of injury 2

23. Signature W. L. Landeather (M. D. or other) MD

Address Maryville Mo. Date signed 8-20-48

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed Clayton M. Price

Licensed Embalmer No. 1822

P. O. Address Marionville 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.