

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 13 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28727

State File No. _____

Registrar's No. 27

Registration District No. 74

Primary Registration District No. 4547

1. PLACE OF DEATH:

(a) County Worth
(b) City or town Grant City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 9
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community life years, months or days

3. (a) PRINT
FULL NAME

Anise Mary Drummins

3. (b) If veteran,

name war _____

3. (c) Social Security

No. _____

4. Sex female

5. Color or
race white

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

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

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

7. Birth date of deceased November
(Month)

5 1881
(Day) (Year)

8. AGE:

Years
66

Months
9

Days
21

If less than one day

hr. _____ min.

9. Birthplace Grant City

(City, town, or county)

Missouri

(State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

12. Name George W. Brandt

13. Birthplace Savannah, Missouri

(City, town, or county)

(State or foreign country)

14. Maiden name Eliza J. Reed

(City, town, or county)

Missouri

(State or foreign country)

15. Birthplace Worth, Missouri

(City, town, or county)

(State or foreign country)

16. (a) Informant

Mrs. Lila Benight

(b) Address

St. Joseph, Mo.

17. (a) burial

(Burial, cremation, or removal)

(b) Date thereof 8-28-1948

Grant City, Mo. (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) Sept 3-1948

(Date received local registrar)

(b) Peter E. Duvigne

(Registrar's signature) on 11/5

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Worth
(c) City or town Grant City
(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 Aug day 26
year 1948 hour 9 minute 20 A.M.

21. I hereby certify that I attended the deceased from 3-10-48
to Aug 26 1948
that I last saw him alive on Aug 26 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral
occlusion
Due to _____
Due to _____

Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 940
Of autopsy no

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?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Peter E. Duvigne (M. D. or other)
Address St. Joseph, Mo. Date signed 9-27-48

DISTRICT HEALTH OFFICE
CHICAGO, ILL.

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 me

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

Signed Clifford Brooks

Licensed Embalmer No. 3329

P. O. Address Albany 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.