

FILED JAN 27 1949

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1885

State File No. \_\_\_\_\_

Registration District No. 209Primary Registration District No. 5761Registrar's No. 1

## 1. PLACE OF DEATH:

(a) County Marion  
 (b) City or town Palmyra  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Marion Co. Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution not known (Specify whether  
 In this community not known years, months or days)

3. (a) PRINT FULL NAME EDMUND R. DRAPER3. (b) If veteran, name war no 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Widower  
 6. (b) Name of husband or wife Bertha Fowler Draper 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased March 26 1867  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>9</u>	<u>12</u>	hr. _____ min.

9. Birthplace Illinois  
(City, town, or county) (State or foreign country)10. Usual occupation Laborer

## 11. Industry or business

12. Name Ruban Draper  
 13. Birthplace not known 9  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Peggy Powers  
 15. Birthplace not known 9  
 (City, town, or county) (State or foreign country)

16. (a) Informant S. A. Drake(b) Address Palmyra MO17. (a) Burial (b) Date thereof 1-7-49  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Palmyra MO.18. (a) Signature of funeral director E. D. Sprague(b) Address Palmyra MO19. (a) 1-14-49 (b) Vesta Lee 89  
(Date received local registrar) (Registrar's Signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion  
 (c) City or town Taylor 0  
 (If outside city or town limits, write "RURAL") 3  
 (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 January day 1  
year 1949 hour \_\_\_\_\_ minute \_\_\_\_\_ M.21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
that I last saw him alive on Dec 27, 1948  
and that death occurred on the date and hour stated above.Immediate cause of death Myocarditis Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions old fracture of hip  
(Include pregnancy within 3 months of death)

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

Of autopsy 42

## 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 E. M. Luke (M. D. or \_\_\_\_\_)Address Home Date signed 1-14-49

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**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..... *Ernest J. Sprague* .....  
Licensed Embalmer No..... *3245* .....  
P. O. Address..... *Palmyra Mo* .....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**