

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14958
 Do not use this space.

RECD MAY 19 1939

1. PLACE OF DEATH

(a) County Herry Registration District No. 247
 (b) Township _____ Primary Registration District No. 3018 Registered No. _____
 (c) City Clinton (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Rhoda Minerva Dragg
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1870
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 ✓ ✓
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Severing
 9. Industry or business in which work was done, as saw mill, bank, etc. And hardware work
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Herry 0
 FATHER 13. NAME William Dragg 9
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 9
 MOTHER 15. MAIDEN NAME unknown 9
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 17. INFORMANT Mrs Leira Childers
 (ADDRESS)
 18. BURIAL, CREMATION, OR REMOVAL PLACE Stones Chapel DATE 4/12 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Conant Funeral Home
 20. FILED 4-24 1939 Dr J B Hampton Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-11-39
 22. I HEREBY CERTIFY, That I attended deceased from Nov 6 1934 to April 11 1939
 I last saw him alive on 4-7-39 Death is said to have occurred on the date stated above, at 7:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic interstitial nephritis Date of onset Don't know
 Other contributory causes of importance: enlarged liver not known
 Name of operation none Date of _____
 What test confirmed diagnosis? Urinal Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 (Signed) J B Hampton M. D.
 (Address) Clinton Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHILE FILLING IN WITH DARK INK—THIS IS A PERMANENT RECORD

RECEIVED
District Health Officer No. 7,
District File Number 7-39-682
Date Filed 8-4-39

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.