

S. No. 2
M-8-43
7-5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21558**

FILED JUL 14 1947

Registration District No. **87**

Primary Registration District No. **2040**

Registrar's No. **91**

1. PLACE OF DEATH:

(a) County **Livingston**
(b) City or town **Chillicothe**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1203 Walnut Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community **3 years**
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Livingston**
(c) City or town **Chillicothe**
(If outside city or town limits, write "RURAL")
(d) Street No. **1203 Walnut**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **1st**
year **1947** hour **8** minute **10 P.** M.
21. I hereby certify that I attended the deceased from
Jan 19**47** to **1 July** 19**47**:
that I last saw him alive on **30 June** 19**47**:
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral Hemorrhage
Due to **hypertensive cardiac**
vascular disease
Other conditions _____
(Include pregnancy within 3 months of death)

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy _____

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 **J. W. Vanduser** (M.D. or other) _____
Address **Chillicothe Mo** Date signed **1 July**

3. (a) PRINT FULL NAME **George Wilbur Draper**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Lena R. Draper** 6. (c) Age of husband or wife if alive **72** years

7. Birth date of deceased **May 6 1867**
(Month) (Day) (Year)

8. AGE: Years **80** Months **1** Days **25**
If less than one day _____ hr. _____ min.

9. Birthplace **Milo Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business _____

12. Name **Elliot Draper**

13. Birthplace **Park County Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Jane Harvey**

15. Birthplace **Manchester England**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. G. W. Draper**

(b) Address **Chillicothe, Missouri**

17. (a) **Burial** (b) Date thereof **7-4-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Edgewood Cemetery**

18. (a) Signature of funeral director **Norman Funeral Home**

(b) Address **Chillicothe, Missouri**

19. (a) **July-2-47** (b) **Francis B. Neill**
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

59
1
3
0

59
2

AUG 28 1952

**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 embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Elton J. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.