SEP 12 1939

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

Do not use this space. 29146

1. PLACE OF DEATH
(a) County GREENE 3 Registration District No. 318
(b) Township or City SPRINGFIELD 1 Primary Registration District No. 2001 Registered No. 628
(c) (d) Street No. 708 E Grand 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 William Newton Dedmon
(a) Residence, No. ~~708~~ St. Mansfield Mo R#3
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sadie Dedmon
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8, 1869
7. AGE YEARS 70 MONTHS 2 DAYS 3 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
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) Missouri

FATHER
13. NAME Hartville Dedmon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk

MOTHER
15. MAIDEN NAME Angeline Butler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ~~Ohio~~ Unk

17. INFORMANT (ADDRESS) W. W. Reeves Springfield Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Newton Mo DATE Aug 13 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kelly Ferrel Seymour Mo
20. FILED Aug 12 1939 Chas A George MD Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-11, 1939
22. I HEREBY CERTIFY, That I attended deceased from 8-7, 1939, to 8-11, 1939
I last saw him alive on 8-11, 1939. Death is said to have occurred on the date stated above, at 11 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pyelo-nephritis	1 week
(Terminal Uremia) 93C	

Other contributory causes of importance:
Chronic Benign Prostatic Hypertrophy
Chronic Myocarditis
Senility

Name of operation none Date of
What test confirmed diagnosis? clinical 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?
If so, specify
(Signed) R Ned White, M. D.
(Address) Springfield

(Licensed Embalmer's Statement on Reverse Side)

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.

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 comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.