REC'D SEP 19 1939

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

29373
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper — Registration District No. 408
(b) Township — Primary Registration District No. 3020 — Registered No. 163
or
(c) City Carthage — (d) Street No. McCune-Brooks Hospital 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 Dessie Myrtle Dell
(a) Residence, No. Route #2, Carthage St.
(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: Female
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 Hugh Milton Dell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20, 1886

7. AGE: Years 53 — 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. Housewife
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) Kansas

FATHER
13. NAME Otis Cash
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Evelyn Weddle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT Hugh H. Dell
(ADDRESS) Route #2, Carthage

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hackney Cemetery DATE 8-25-39, 19

19. FUNERAL DIRECTOR (NAME) Ulmer
(ADDRESS) Carthage, Mo.

20. FILED Aug. 24, 1939 E. J. McIntire, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from 8/6, 1939, to 8/23, 1939. I last saw he alive on 8/23, 1939. Death is said to have occurred on the date stated above, at 10:00 m. p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	8/23/39
SH	

Other contributory causes of importance:
Fibroid Tumor of Uterus (Had Hysterectomy 8/14/39)

Name of operation Subtotal Hysterectomy Date of 8/14/39
What test confirmed diagnosis? Pathological Was there an autopsy? No

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? No
If so, specify
(Signed) W. J. McKew, M. D.
(Address) 304 Grant, Carthage, Mo.

(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.

RECEIVED
District Health Officer No. 6,
District File No. 939-1881
Date Filed SEP 12 1939

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.