

JAN 18 1940

Registration District No. _____ Primary Registration District No. 3111 Registrar's No. 119

1. PLACE OF DEATH:
(a) County Jackson Co.
(b) City or town Grand View Mo. (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 months (Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME Nettie Dempsey, 512
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex 7 5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Samuel Dempsey
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 15 1863
(Month) (Day) (Year)

8. AGE: Years 76 Months 4 Days 14
If less than one day _____ hr. _____ min.

9. Birthplace Oride, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Not known
18. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name Not known
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Carl Dempsey
(b) Address Grandview, Mo.

17. (a) Removal (b) Date thereof Dec. 29, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Maryville Mo.

18. (a) Signature of funeral director John W. Price
(b) Address Maryville Mo.

19. (a) 1-9-40 (b) Joseph Brennan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Nodaway
(c) City or town Maryville
(If outside city or town limits, write "RURAL")
(d) Street No. 301 West 11th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 29th day Dec.
year 1939 hour 7 minute 30 a. M.

21. I hereby certify that I attended the deceased from Dec 17-1939
Dec 27-1939 to Dec 27-1939
that I last saw her alive on Dec 27th
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration 1 hour

Due to Arterio Sclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) g2b

Major findings: Of operations _____

Of autopsy _____

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 G. P. Brennan (M. D. or other)
Address Master City, Mo. Date signed Dec 29, 1939

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

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