

JAN 15 1940 JAN 15 1940

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

44291  
Do not use this space.

1. PLACE OF DEATH  
 (a) County PETTIS Registration District No. 665  
 (b) Township 2 Primary Registration District No. 3892  
 (c) City SEARLA (d) Street No. 1 (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 SHIRLEY DEMPSEY  
 (a) Residence, No. 204 W 4th St. 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 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 Willita Dempsey  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21, 1888  
 7. AGE YEARS 51 MONTHS 9 DAYS 1 If LESS than 1 day, hrs. or min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 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) Sedalia Mo. (STATE OR COUNTRY)  
 FATHER 13. NAME Abraham Bennett Dempsey  
 14. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY)  
 MOTHER 15. MAIDEN NAME Mary Elizabeth Shibley  
 16. BIRTHPLACE (CITY OR TOWN) Stamanton Illinois (STATE OR COUNTRY)  
 17. INFORMANT (ADDRESS) Mrs Wm J Dempsey Sedalia  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mem Park DATE 12-23-39  
 19. FUNERAL DIRECTOR (NAME) Mr Laughlin Bras (ADDRESS) Sedalia Mo  
 20. FILED 12-23-39 Mrs Harry Sneed Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 22, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1939 to Dec 22, 1939  
 I last saw him alive on Nov 22, 1939 Death is said to have occurred on the date stated above, at 8:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral hemorrhage  
 Date of onset Dec 22, 1939  
 Other contributory causes of importance:  
arterio-sclerosis  
vascular parkinson  
 Name of operation none Date of none  
 What test confirmed diagnosis Chm. & histology Was there an autopsy no  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury no  
 Where did injury occur? no (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury no  
 Nature of injury no  
 24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify no  
 (Signed) Chas. J. M. D.  
 (Address) Sedalia 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.

RECEIVED  
District Health Officer No. 8,  
District File Number  
11/2/40  
Date Filed

**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 *Ralph E. Waku*

Licensed Embalmer No. *2419*

P. O. Address *Sedalia 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, above space should be left blank.**