

FD-21 1941
 No. 2
 1-10-39
 17-39
 X21492

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. **3362**

Registration District No. **677**

Primary Registration District No. **4403**

Registrar's No. **12**

1. PLACE OF DEATH:
 (a) County **Phelps**
 (b) City or town **Reese mo**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
M. Garland Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3 days**
 (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME **Shirley Claudina Dean**
3. (b) If veteran, name war
3. (c) Social Security No. **530**

4. Sex **♀** **5. Color or race** **W**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **April 14, 1936**
 (Month) (Day) (Year)

8. AGE: Years **3** Months **9** Days **6**
 If less than one day _____ hr. _____ min.

9. Birthplace **Reese mo**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Widowed**

11. Industry or business
12. Name **Claude Dean**
13. Birthplace **Reese mo**
 (City, town, or county) (State or foreign country)
14. Maiden name **Bessie Wilson**
15. Birthplace **Reese mo**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Claude Dean**
(b) Address **Reese mo**
17. (a) **Burial** **(b) Date thereof** **Jan 21 1940**
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Reese Cemetery**

18. (a) Signature of funeral director **Rolla Mo**
(b) Address **Rolla Mo**
19. (a) **Jan 21 1940** **Joey W. Myers**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **De Witt**
 (c) City or town **Reese mo**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **19**
 year **40** hour **9** minute **50 P.** M.
21. I hereby certify that I attended the deceased from **Jan 16**
 _____, 19 **40**, to **Jan 19**, 19 **40**;
 that I last saw her alive on **Jan 19**, 19 **40**;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Burn on lower limbs and body. Burn from scalding water.**
 Due to **Child fell into a vessel**
 Duration _____

Other conditions _____
 (Include pregnancy within 3 months of death)
 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) **Accident**
 (b) Date of occurrence **Jan 16, 1940**
 (c) Where did injury occur? **De Witt Co mo**
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
 (Specify type of place)
 While at work? **No**
 (e) Means of injury **Scalding water**
23. Signature **Rolla Mo** (M. D. or other) **Mo**
 Address **Rolla Mo** Date signed **1/29/40**

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

MOTHER FATHER

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.

RECEIVED

District Health Officer No. 8

District File Number 240 230

Date Filed 2/16/40

Signed

S. L. Miller

Licensed Embalmer No. 3397

P. O. Address Rosedale, Md.

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.