

JUL 15 1940

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

21633  
Do not use this space.

1. PLACE OF DEATH 2  
(a) County De Kalb Registration District No. 263  
(b) Township Adams Primary Registration District No. 4162  
(c) City Weatherby mo (d) Street No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
(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.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
2. PRINT FULL NAME 630 LOUIS LESLIE DEHART  
(a) Residence, No. Weatherby mo 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bernice M. DeHart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-14-1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
68 2 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant  
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 46

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Weatherby mo

FATHER 13. NAME James Wesley DeHart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Sauida Reid

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Bernice M DeHart

18. BURIAL, CREMATION, OR REMOVAL PLACE Riggs Cemetery DATE 6-25-40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Greene Doniel  
Weatherby mo

20. FILED 6-22, 1940 James Fitzgerald  
(Local Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1940 to June 22, 1940  
I last saw him alive on June 23, 1940 Death is said to have occurred on the date stated above, at 8:57 a.m.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach

Other contributory causes of importance: 46

Name of operation Surgical opening of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) W. R. R. Reynolds  
238 (Address) Weatherby 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. 11;

District File Number 740-1192

Date Filed JUL 11 1940

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 me

6-22-1940 Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Geo E Daniel

Licensed Embalmer No. 3300

P. O. Address Weatherby 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.