

DEPARTMENT OF COMMERCE ^{24 1940}
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29217

State File No. _____

Registration District No. 411

Primary Registration District No. 6258

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Newton 5-Mile Twp
(b) City or town Seneca RFD 2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
2

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether

In this community 55 years
years, months or days)

8. (a) PRINT FULL NAME EMMA, E. DEWEESE 100

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Thomas M. Dewese 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 14 - 1872
(Month) (Day) (Year)

8. AGE: Years 68 Months 6 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business _____

MOTHER { 12. Name Edward Fisher 7

13. Birthplace Berns Switzerland
(City, town, or county) (State or foreign country)

14. Maiden name Smith

15. Birthplace Alton Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Martha Dewese

(b) Address Seneca Mo. R. 2

17. (a) Burial (b) Date thereof Aug. 13-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kirk Cemetery

18. (a) Signature of funeral director Blotz

(b) Address Seneca Mo. 545

19. (a) Aug 14-40 (b) Merle Spartin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. # 2
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11-1940
year _____ hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug 1-31, 1940, to Aug 11, 1940 that I last saw her alive on Aug 11, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____

Due to A3C

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy 11

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(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 None

23. Signature W.C. Barnard (M. D. or other) 1
Address Seneca Mo Date signed 8-14-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 940-2605

Date Filed SEP 17 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

James Weldon Buzzard, Registered Apprentice No. 239
working under my personal supervision.

Signed

James W. Buzzard

Licensed Embalmer No.

2334

P. O. Address

Seneca 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.