

FILED SEP 25 1940

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

29424  
Do not use this space.

1. PLACE OF DEATH  
(a) County RANDOLPH Registration District No. 286  
(b) Township Prusse Primary Registration District No. HHB5  
(c) City CLARK (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(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 W M FREDERIC DEWERT  
(a) Residence, No. Clark 700 St.  (If nonresident, give city or town and State)

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 NOLA DEWERT  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 14-1890  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
69 11 14  
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. GRO. STORE MGR.  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) STURGEON MO

FATHER 13. NAME FRED DEWERT  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY b  
MOTHER 15. MAIDEN NAME UNK.  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY b

17. INFORMANT NOLA DEWERT  
(ADDRESS) CLARK MO

18. BURIAL, CREMATION, OR REMOVAL PLACE PISGAH CRM. DATE Aug. 2 1940

19. FUNERAL DIRECTOR (NAME) PAUL T. HACKNEY  
(ADDRESS) 924 WEND MOBILITY MO

20. FILED Aug 2 1940 ST. BEN LOUGH Local Registrar

MEDICAL CERTIFICATE OF DEATH 2:20 P

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31 1940  
22. I HEREBY CERTIFY, That I attended deceased from Mar 1 1940 to July 31 1940  
I last saw him alive on July 31 1940 Death is said to have occurred on the date stated above, at 2:20 p.m.  
The principal cause of death and related causes of importance were as follows:

Carcinosis of Lungs  
Date of onset \_\_\_\_\_  
124 P

Other contributory causes of importance: \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date 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? No  
If so, specify \_\_\_\_\_  
(Signed) R G Woods M. D.  
(Address) Clark mo

K. 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. 10

District File Number 9-40-1698

Date Filed SEP 5 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.....

.....  
working under my personal supervision.

..... Registered Apprentice No.....

Signed..... *Paul T. Hacking*.....

Licensed Embalmer No. *35980*.....

P. O. Address..... *Proberly, 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.