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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

NOV 20 1940

State File No. 35808

Registration District No. 547 Primary Registration District No. 3029 Registrar's No. 301

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Elizabeth Hospital 1 (If not in hospital or institution, write street number or location)

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

In this community 3 Day years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe

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

0 (d) Street No. 311 N. Oak. (If rural, give location)

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

3. (a) PRINT FULL NAME Willie John Dean

3. (b) If veteran, name war NONE

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Nina

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 21 (Day) 1876 (Year)

8. AGE: Years 64. Months 6. Days 28. If less than one day hr. min.

9. Birthplace Mt Sterling (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation Farmer Retired 15 yrs 4

11. Industry or business 9

FATHER
12. Name James Dean 1
13. Birthplace (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Elizabeth Ramey
15. Birthplace Dont Know (City, town, or county) Dont Know (State or foreign country)

16. (a) Informant Floyd Dean

(b) Address Monroe City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 21-1940 (Month) (Day) (Year)

(c) Place: burial or cremation St Judes Cemetery Monroe City Mo.

18. (a) Signature of funeral director Wilson & Son

(b) Address Monroe City Mo

19. (a) Oct 21-1940 (Date received local registrar) (b) N. C. Fisher (Registrar's signature) 4 01

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 19 year 40 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 19 40, 19, to Oct 19, 1940 that I last saw him alive on Oct 19, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Hodgkins disease

Due to

Due to 72 B

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Chronic Myocarditis

Of autopsy

Duration

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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) 1

Address 1001 Bldg Hannibal Mo Date signed 10-31-40

(Licensed Embalmer's Statement on Reverse Side)

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 Leslie L Wilson

Licensed Embalmer No. 3014

P. O. Address Hannibal City 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.