

FILED JAN 13 1949

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42382

State File No. _____

Registration District No. 974

Primary Registration District No. 5387

Registrar's No. 88

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

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Rome, Rural Campbell
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas
(c) City or town Rome, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Alice Dixon Essary

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Dewey Essary 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased March 27 1979
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 5 13 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name E. Dixon

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

14. Maiden name Betty Smith 15) Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Stamper (b) Address Rome, Mo

17. (a) Bural (b) Date thereof 9-10-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Stamper cem.

18. (a) Signature of funeral director Friends

(b) Address _____

19. (a) 12-15 1940 Reba King White
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 10
year 1940 hour 3 minute A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Can see by Dr. Ellis note cause not known
Due to Mr. Clipping head said would have to sign
Due to _____

Other conditions (Include pregnancy within 3 months of death) 200B

Major findings: Of operations _____
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Reba K. White (M. D. or other) Co. Reg.

Address ave. 220 Date signed 12-15-40

RECEIVED

District Health Officer No. 61

District File Number 141-3088

Date Filed JAN 3 1941

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.....

Licensed Embalmer No.....

P. O. Address.....

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.