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LOCAL

JAN 22 1941  
Registration District No. 876

Primary Registration District No. 6164

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution:  
Lake township  
(If not in hospital or institution, write street number or location)

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

In this community all his life years, months or days 2

8. (a) PRINT FULL NAME Albert Churchill Dean

3. (b) If veteran, name war no

3. (c) Social Security No. 500-05-5476

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Emma Dean 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Jan 5, 1877  
(Month) (Day) (Year)

8. AGE: Years 63 Months 11 Days 3 If less than one day hr. min.

9. Birthplace Nevada - no  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer & W.P.A.

11. Industry or business Farm

12. Name Robert Dean

13. Birthplace Nevada no  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Brown

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

16. (a) Informant Robert S. Dean

(b) Address Porton, Mo.

17. (a) Burial (b) Date thereof 12/10/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Cemetery

18. (a) Signature of funeral director Ferry Funeral Home  
(b) Address Nevada, Mo

19. (a) Dec. 15-40 (b) Stella Field  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon

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

(d) Street No. Lake township  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8, year 1940 hour 4:10 minute A M.

21. I hereby certify that I attended the deceased from Oct 22, 1940 to Dec 8, 1940, that I last saw him alive on Dec 6, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis with degeneration.

Due to Don't know.

Due to \_\_\_\_\_

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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? no  
While at work? no (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. Love M.D. (M. D. of other) 1  
Address Nevada, Mo Date signed 12-9-40

Duration Don't know.

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. 7,

District File Number 1-41-49

Date Filed 1-4-41

**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. 2857

P. O. Address Wvada, Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**