

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 187

1. PLACE OF DEATH:

(a) County Boyer  
 (b) City or town Paplar Bluff  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Paplar Bluff Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 8 days  
(Specify whether)  
 In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne III  
 (c) City or town Leeper, Mo.  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME A VERY SCOTT DEHAVEN

3. (b) If veteran, name war WORLD 3. (c) Social Security No. 497-05-091

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife LILLIAN B. DEHAVEN 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased JAN 29 1895  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
46 3 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation MECHANIC

11. Industry or business RAILWAY

12. Name IRVIN DEHAVEN

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

14. Maiden name unk  
(City, town, or county) (State or foreign country)

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

16. (a) Informant LILLIAN B. DEHAVEN

(b) Address LEEPER MO.

17. (a) BURIAL (b) Date thereof MAY 1 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MASONIC (NEAR REGENCY)

18. (a) Signature of funeral director Norman W. Smith

(b) Address Leeper, Mo.

19. (a) 5/1/41 (b) E. C. Kates  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 29 day April  
 year 1941 hour 7 minute 55 A.M.

21. I hereby certify that I attended the deceased from 4-20-1941 to 4-29-1941

that I last saw him alive on 4-29-1941 and that death occurred on the date and hour stated above.

Immediate cause of death Brown about face, head body arms & legs. Duration 10 days

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

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

Other conditions Tetanus developed 4-29-41  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy unk

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) accident

(b) Date of occurrence 4-19-41

(c) Where did injury occur? Leeper Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial place

While at work? yes (Specify type of place) \_\_\_\_\_

(e) Means of injury Acid

23. Signature Tom Henrichsen (M. D. or other) physician  
 Address Paplar Bluff, Mo. Date signed 4-29-41

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

2773

972

181  
me

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 MC  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Norman W. Gish  
Licensed Embalmer No. 3387  
P. O. Address Pidment 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:**

MISSOURI DEPARTMENT OF HEALTH  
DIVISION OF PUBLIC HEALTH  
710 S. W. 7th St.  
KANSAS CITY, MO. 64108

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 140 22

Registration District No. 89

Primary Registration District No. 3007

Registrar's No.

ROWENA MOO, E  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff  
*(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)

3. (a) PRINT FULL NAME Avery Scott Dehaven

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ year \_\_\_\_\_ month \_\_\_\_\_ day

7. Birth date of deceased \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

8. AGE: Years 46 Months 3 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_ (b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Burial, cremation, or removal) \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_ (b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received local registrar) \_\_\_\_\_ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country \_\_\_\_\_ (Yes or No) If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: month apr day 29 year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above. Immediate cause of death Burns about face body arms & legs Duration \_\_\_\_\_

Due to was pulling tie on tooth to slow tooth out signature

Due to on fire during the afternoon

Other conditions tetanus developed

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_ Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) see

(b) Date of occurrence 4-19-41

(c) Where did injury occur Indian base place (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 gasoline

23. Signature Thos. Henrichsen (M. D. or other) \_\_\_\_\_ Address Poplar Bluff Mo Date signed 4-25-41

SUPPLEMENTAL

S-14022