

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

50M-9-19-38

N. 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.

MAY 1941
MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14044
Do not use this space. 12

1. PLACE OF DEATH

(a) County Butler Registration District No. 89

(b) Township Rolls Bluff Primary Registration District No. 51397

(c) City _____ (d) Street No. _____ Registered No. 169

(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 Regina DeKen

(a) Residence, No. 9 Dublin Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF LOUIS DeKEN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-14-1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	77	10	29	

OCCUPATION

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. Housewife

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) Dell /

FATHER

13. NAME Chris Stern

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany /

MOTHER

15. MAIDEN NAME Johns

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany /

17. INFORMANT Jos. M DeKen
(ADDRESS) Dublin

18. BURIAL, CREMATION, OR REMOVAL
PLACE Glennville DATE April-15-41

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lander's Funeral Home
Campbell Mo.

20. FILED 4/16/41 19. Kate Lutz
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13, 1941

22. I HEREBY CERTIFY, That I attended deceased from Aug 20 1940, to April 15 1941

I last saw her alive on April 11 1941. Death is said to have occurred on the date stated above, at 5:20 a.m.

The principal cause of death and related causes of importance were as follows:
Epithelioma of nose

Date of onset _____

Other contributory causes of importance:
metastases to brain, pancreas & stomach

Name of operation none 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? _____

If so, specify Epithelioma of nose M. D.
(Signed) J. M. Henshaw
(Address) Rolls Bluff Mo

RECEIVED

District Health Officer No. 2

District File Number 541-632

Date Filed 5/19/41

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.....

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.