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.

FILED MAY 21 1941

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

Do not use this space.

File No. 15462 ~~132~~
Registered No. 135 ~~148~~

1. PLACE OF DEATH
County: Pettis
Township:
City: Sedalia (No. St. Ward)
Registration District No. 668
Primary Registration District No. 3032

2. FULL NAME Elmer Henry Dempsey
(a) Residence, No. 2212 S. Ash St., Ward.
(Usual place of abode)
(If nonresident, give city or town and State) 0
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 22 1897

7. AGE: Years 43 | Months 8 | Days 21 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
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): New Franklin, Mo.

FATHER
13. NAME: Samuel Rufus Dempsey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rutledgeville Kentucky

MOTHER
15. MAIDEN NAME: Mollie Henry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Madisonville Kentucky

17. INFORMANT (ADDRESS): C W Dempsey Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mem. Park DATE: 4/15/41

19. UNDERTAKER (ADDRESS): Mc Laughlin Bros Sedalia

20. FILED 4/15/41 Mrs. Harry Sneed Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4-13-1941

22. I HEREBY CERTIFY, That I attended deceased from 4-11-1941, to 4-13-1941
I last saw him alive on 4-13-1941. Death is said to have occurred on the date stated above, at 8 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis	
Epidemic cerebro spinal	4-7
for many years	

Other contributory causes of importance:
Tonsil Involvement
Past months

Name of operation: 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? No
If so, specify
(Signed) A. J. Campbell M. D.
(Address) Sedalia Mo

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 5-19-41