

No. 2  
1-13-40  
-17-39  
X23159

FILED JUN 10 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

19550  
State File No. ~~1720~~

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 492

1. PLACE OF DEATH:  
(a) County BUCHANAN  
(b) City or town ST. JOSEPH  
(c) Name of hospital or institution: STATE HOSPITAL No. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 yrs. 0 mo. 1 da.  
(Specify whether  
In this community 1 day 9 yrs. 0 mo. 1 da.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Clinton  
(c) City or town Cameron  
(If outside city or town limits, write "RURAL")  
(d) Street No. 622 W. 4<sup>th</sup>  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. Native years.

3. (a) PRINT FULL NAME EMIL MORRIS DESSAINT

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

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

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

7. Birth date of deceased ? 3902  
(Month) (Day) (Year)

8. AGE: Years 39 Months ? Days ? If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Railway fireman

11. Industry or business Railroad Co.

12. Name Peter E. Dessaint

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

14. Maiden name Minna Wren

15. Birthplace Mo. U. S. A. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Mo. State Hosp # 2 Records

(b) Address St Joseph, Mo.

17. (a) Removed (b) Date thereof 5-4-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hannibal Mo

18. (a) Signature of funeral director Francis Barry Home 515  
(b) Address 218 South 10<sup>th</sup> St St Joseph Mo While at work? \_\_\_\_\_ (Specify type of place)

19. (a) 5/4/41 (b) W. Smith  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3  
year 1941 hour 11:30 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 3-17-41  
19\_\_\_\_, to 5-3-41, 19\_\_\_\_;  
that I last saw him alive on 5-3-41, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis of Lung  
For advanced

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

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

Other conditions Dematis Proxey 9 yrs.  
(Include pregnancy within 3 months of death)  
Catastrophic type

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

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

Duration \_\_\_\_\_  
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? \_\_\_\_\_

23. Signature Donald B. Beut (M. D. or other) 1941  
Address Mo. State Hosp # 2 Date signed 5-4-41

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

MOTHER FATHER

**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 B. J. Brentlinger

Licensed Embalmer No. 4201

P. O. Address St. Joseph, 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, fact should be so stated above.**