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K23159

FILED AUG 15 1941

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 210

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(c) Name of hospital or institution St. Marys
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 7 days
In this community 6 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 311-R-E-Elm
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Dickie Dee Dusheke

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

4. Sex Fe 5. Color Wh 6. (a) Single, widowed, married, divorced Child
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 4 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months 7 If less than one day _____ hr. _____ min.

9. Birthplace Jefferson City Mo. U
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Child

12. Name Richard Dusheke

13. Birthplace Jefferson City Mo. U
(City, town, or county) (State or foreign country)

14. Maiden name W. Royal B. Fletcher

15. Birthplace Hortonsburg Mo. U
(City, town, or county) (State or foreign country)

16. (a) Informant Richard Dusheke

(b) Address 311-R-E-Elm

17. (a) Burial (b) Date thereof July 12, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson

18. (a) Signature of funeral director Edmund Lewis

(b) Address 200 Jefferson

19. (a) 7-21-41 (b) W. B. Spore
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11 year 1941 hour 10 minute A M.

21. I hereby certify that I attended the deceased from July 4, 1941 to July 11, 1941 that I last saw him alive on July 11, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Congestion

Due to Premature Birth
6 1/2 months

Due to _____

Other condition Septicemia
(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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature W. B. Spore M.D. or other _____

Address Jefferson City Date signed 7-14-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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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.

Body Was Not Embalmed Signed *L. H. Anderson*

Licensed Embalmer No. *3641*

P. O. Address *Jefferson City, Mo.*

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

If this body is not embalmed, fact should be so stated above.