o. 2
12-40
7-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 13 1941

Registration District No. 821

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 26350

Primary Registration District No. 4563

Registrar's No.

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

**1. PLACE OF DEATH:**

(a) County Scott

(b) City or town Sikeston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Sikeston General Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Stoddard 168

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? / years.

3. (a) PRINT FULL NAME William Alvin Dean

3. (b) If veteran, name war -

3. (c) Social Security No. -

4. Sex M 6

5. Color or race W

6. (a) Single, widowed, married, divorced - 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 7 (Month) 4 (Day) 1940 (Year)

8. AGE: Years 1 Months 0 Days 23 If less than one day hr. min.

9. Birthplace Pemiscott Co. 0 Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation -

11. Industry or business

FATHER
12. Name Alvin Ray Dean
13. Birthplace Portageville 0 Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Tahelma Gibson
15. Birthplace Clay Co. / Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Westfall
(b) Address Essex, Mo. R. # 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-28-41 (Month) (Day) (Year)
(c) Place: burial or cremation Essex, Mo. R.F.D.

18. (a) Signature of funeral director John Carrington
(b) Address Sikeston, Mo.

19. (a) 8-4-41 (Date received local registrar) (b) [signature] (Registrar's signature)

142

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 7 day 27
year 1941 hour 4 minute p.M.

21. I hereby certify that I attended the deceased from 7-26, 1941, to 7-27, 1941
that I last saw h alive on , 19
and that death occurred on the date and hour stated above.

Immediate cause of death Encephalitis and Bronchopneumonia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) no 107

Major findings:
Of operations no
Of autopsy no

Duration: 3 day, 4 days

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) no
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature M. Henderson (M. D. or other) 0
Address Sikeston Date signed 7-28-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office
District File Number 841-1
Date Filed 8-11-41

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 Not Embalmed, Registered Apprentice No. ..... working under my personal supervision.

Signed John Allenton

Licensed Embalmer No. 2941

P. O. Address Sidestone

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

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