

No. 2  
1-4-41  
17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **31637**

Registration District No. **365**

Primary Registration District No. **5611**

Registrar's No. **6**

1. PLACE OF DEATH:

(a) County **Wickery**  
(b) City or town **Wheatland Mo**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **/**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Wickery 43**  
(c) City or town **Wheatland Mo**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Overton Ottaway Dettro**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Sept** day **20**  
year **1941** hour **10** minute **00** M.

21. I hereby certify that I attended the deceased from **Jan** 1940 to **Sept - 20 - 1941**;  
that I last saw him alive on **Sept 15 - 1941**;  
and that death occurred on the date and hour stated above.

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Dollie Dettro** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **July 21, 1874**  
(Month) (Day) (Year)

Immediate cause of death **Arterial Sclerosis**  
Duration **Several years**

8. AGE: Years Months Days If less than one day  
**67** **1** **29** hr. min.

Due to \_\_\_\_\_  
Due to **97**

9. Birthplace **Ill.**  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation **Retired farmer**

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

11. Industry or business \_\_\_\_\_

12. Name **Elijah Dettro**

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

14. Maiden name **Mary Bryan**

15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Dollie Dettro**

(b) Address **Wheatland Mo**

17. (a) **burial** (b) Date thereof **9/22/41**  
(Burial, cremation, or disposal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wheatland Cem**

18. (a) Signature of funeral director **J.R. Luckey**

(b) Address **Wheatland Mo**

19. (a) **Sept 23-41** (b) **Mrs. A. D. Johnston**  
(Date received local registrar) (Registrar's signature)

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 **A. D. Johnston** (M. D. \_\_\_\_\_)  
Address **Wheatland Mo** Date signed **9-22-41**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7;

District File Number: 10-41-1723

Date Filed: 10-7-41

**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 *JR Luckey*  
Licensed Embalmer No. *7982*  
P. O. Address *10 Chatland*

**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.**