

FILED NOV 10 1941

Registration District No. **236**

Primary Registration District No. **5321**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Dade Co. Mo.

(b) City or town Everton Mo. R.R.

(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 _____

In this community Seventeen yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Ben I Deak

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 6. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lillie Deak 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 9-8-1876

(Month) (Day) (Year)

8. AGE: Years 65 Months 1 Days 10

If less than one day _____ hr. _____ min.

9. Birthplace Bedford Tenn.

(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Revered Deak

13. Birthplace Tenn.

14. Maiden name Minnie Russell

15. Birthplace Tenn.

16. (a) Informant Mrs. Lillie Deak

(b) Address Everton Mo. R.R.

17. (a) Burial (b) Date thereof 10-20-41

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sinking Creek

18. (a) Signature of funeral director Wm. H. Lewis

(b) Address Wash Grove Mo.

19. (a) 10-20-41 (b) Mrs. R. Slaggs

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade Co

(c) City or town Everton Mo. R.R.

(If outside city or town limits, write "RURAL") _____

(d) Street No. RR

(If rural, give location) _____

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 18

year 1941 hour 6 minute 10 P.M.

21. I hereby certify that I attended the deceased from 10/18 to 10/18, 1941

that I last saw him alive on 10/18, 1941

and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 43a

Major findings: Of operations _____

Of autopsy _____

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) _____

(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. H. Lewis (M. D. or other) _____

Address Everton Mo Date signed 10/20/41

RECEIVED

District Health Officer No. 6, "

District File Number 1141-1651

Date Filed NOV 4 1941

J B

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 E. R. Seiman

Licensed Embalmer No. 3297

P. O. Address Miller 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, above space should be left blank.