PARTMENT OF COMMERCE
BUREAU OF THE CENSUS
LLED OCT 31 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 34951

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 833

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

**1. PLACE OF DEATH:**

(a) County GREENE

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

(c) Name of hospital or institution: 1400 Blk. West Mt Vernon (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 33 Years years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 2 (If outside city or town limits, write "RURAL")

(d) Street No. Como Hotel 6 (If rural, give location) 0

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME George Leonard Dean

3. (b) If veteran, name war World War

3. (c) Social Security No. 500-05-4325

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Oct. (Month) 28 (Day) 1884 (Year)

8. AGE: Years 56 Months 11 Days 19 If less than one day ..... hr. ..... min.

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

10. Usual occupation Painter

11. Industry or business .....

FATHER
12. Name Decatour Dean
13. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Nancy Woody
15. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Robert Dean

(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 21, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Natuonal

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 10-21-41 (Date received local registrar) (b) W. E. Handley Mo. (Registrar's signature)

W.E.H. (Licensed Embalmer's Statement on Reverse Side)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct. day 17 year 1941 hour 10 minute p. M.

21. I hereby certify that I attended the deceased from viewed the body on the scene of accident 10-18- 1941; that I last saw h 4 5 alive on 12 00 Noon, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Body found in Culvert at Mt Vernon St and Mo. Pacific R.R. just south of intersection

Due to .....

Other conditions Brother said he had previous heart trouble (Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy 2000

Duration

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? In Culvert. M.O.P. & Mt. Vernon St (Specify type of place)

While at work? — (e) Means of injury —

23. Signature G. H. Boehm, Acting Coroner (M. D. or other)

Address 227 E. Olive St. Date signed 10/20/41

Springfield Mo.

OCT 3 0 1941

## 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 Walter E Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield - Mo.

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

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