

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 10 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 1973  
Registrar's No. 10

Registration District No. 175

Primary Registration District No. 5743

1. PLACE OF DEATH:  
(a) County Chariton County  
(b) City or town Rural Salisbury Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Chariton  
(c) City or town R. R. Salisbury Twp.  
(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.? 0 years.

3. (a) PRINT FULL NAME Olive K. Dewese  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month January day 23<sup>rd</sup> year 1942 hour 7 minute 40 P. M.

4. Sex Female 5. Color or race white  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Cornelius Dewese 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Sept. 14 1872  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 27, 1941, to Jan 23<sup>rd</sup>, 1942, that I last saw her alive on Jan 23 and that death occurred on the date and hour stated above.

8. AGE: Years 69 Months 4 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Cancer of Palmonary adenocarcinoma Duration 12 hrs.

9. Birthplace Chariton County Mo  
(City, town, or county) (State or foreign country)

Due to Carcinoma of stomach 1 yr.

10. Usual occupation Housewife

Other conditions Generalized arteriosclerosis ?  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_  
12. Name Samuel Sidney Kelso  
13. Birthplace Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Luella Frazer  
15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_  
46 P  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. A.F. Dewese  
(b) Address Clarence, Mo.

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof Jan-26-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Powell Cemetery

18. (a) Signature of funeral director Tom B. Patton  
(b) Address Huntsville, Mo.  
19. (a) 1/27/42 (b) R. A. Nelson  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature L. L. Haring (M. D. or other) MD  
Address Salisbury Mo Date signed 1-30-42

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

MOTHER FATHER

1023

(Licensed Embelmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 2-9-42 \_\_\_\_\_

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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.

Signed Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Hunterville, N.C.

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.