

FILED JAN - 7 1943

Registration District No. **12222**

Primary Registration District No. **4333**

Registrar's No.

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town Clarksburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution -- (Specify whether
In this community Life (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Dennis Earl Medlin

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Josephene K. Medlin 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased December, 4th, 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
42 0 16 hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farm

MOTHER FATHER { 12. Name Thomas G. Medlin
13. Birthplace Latham Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Hannah Clifford
15. Birthplace Moniteau County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Josephene K. Medlin
(b) Address Clarksburg, Mo.

17. (a) Burial (b) Date thereof 13/22/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Clarksburg, Mo

18. (a) Signature of funeral director Joyce B. Richards
(b) Address Jupton Mo

19. (a) Dec 21 - 1942 (b) Jeremiah J. Weidels
(Date received local certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town Clarksburg
(If outside city or town limits, write "RURAL")
(d) Street No. No Street Numbers
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Native 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 20th
year 1942 hour 7 minute 35 P.M.

21. I hereby certify that I attended the deceased from Dec 10 - 42
Dec 20 1942 to Dec 20 1942
that I last saw him alive on Dec 20 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to _____
Due to _____
Other conditions none
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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 J. B. Norman (M. D. or other) _____
Address Jupton Date signed 12-21-42

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

68
0

68
1
0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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 Me

....., Registered Apprentice No.
working under my personal supervision.

Signed: Jessie E. Richards
Licensed Embalmer No. 2466
P. O. Address Dipton, 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.