

FILED FEB 15 1943

Registration District No. 23 Primary Registration District No. 4036 Registrar's No. 39

1. PLACE OF DEATH

(a) County Bates

(b) City or town Rich Hill
(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 years, months or days) 12 Years (Specify whether Does)

3. (a) PRINT FULL NAME Henry Marshall Dees

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 5

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

7. Birth date of deceased May 21 1927
(Month) (Day) (Year)

8. AGE: Years 15 Months 8 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation High School Student

11. Industry or business _____

MOTHER FATHER

12. Name Charles Perry Dees

13. Birthplace Vernon Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Bessie Anna Stone

15. Birthplace Mexico Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Char Perry Dees

(b) Address Rich Hill Mo

17. (a) Bur. (Burial, cremation, or removal) (b) Date thereof 2-2-43
(Month) (Day) (Year)

(c) Place: burial or cremation Green lawn

18. (a) Signature of funeral director B. G. Hiss Mo.

(b) Address _____

19. (a) Feb 4 1943 (Date received local registrar) (b) Wm. C. Darrow (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bates

(c) City or town Rich Hill
(If outside city or town limits, write "RURAL")

(d) Street No. 601 E Elm
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 30
year 1943 hour 1:55 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death hemorrhage from bullet wound severing right carotid artery.

Due to Shot from .38 pistol

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____ 166
Of autopsy _____

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) homicide

(b) Date of occurrence January 30 1943

(c) Where did injury occur Rich Hill Bates Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
attempting to break in home of 99 dollar
(Specify type of place) (e) Means of injury _____

While at work? _____

23. Signature John G Underwood coroner (M.D. or other) Bates Co Mo
Address Butler Mo Date signed 1-31-43

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

RECEIVED

District Health Officer No. 7;

District File Number 1-43-94

Date filed 2-8-43

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.....

John Blundevand

Licensed Embalmer No. 3585

P. O. Address Butler 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, fact should be so stated above.