

JUN 12 1943
Registration District No. 120

Primary Registration District No. 4194

52

1. PLACE OF DEATH:

(a) County Gentry
(b) City or town Albany
(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 _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Fred Eugene Dewey

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

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

6. (b) Name of husband or wife Belle Dewey 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Sept. 11 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 8 15 hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Geo. Nelson Dewey
13. Birthplace Mass s. (City, town, or county) (State or foreign country)
14. Maiden name Hattie Clark
15. Birthplace Mass. (City, town, or county) (State or foreign country)

16. (a) Informant Byron C. Dewey

(b) Address Albany Mo.

17. (a) Removal (b) Date thereof 5/28-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairport Mo.

18. (a) Signature of funeral director Pilcher Funeral Home

(b) Address Maysville Mo.

19. (a) May 26-1943 (b) Armed N. DeFoster (c) _____
(Date received local registrar) (Registrar's signature) (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gentry 38
(c) City or town Albany (If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1943 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from 24th May 1943, to May 26 1943.

that I last saw him alive on May 24, 1943.

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

Immediate cause of death myocardial infarction
and nephritis

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

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 0

23. Signature W. F. Martin (M. D. or other) _____

Address Albany, Mo. Date signed 5/26/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.....

Signed.....


G.T. Pilcher

..... Licensed Embalmer No..... 3960

..... P. O. Address..... Wayssville 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 120

Primary Registration District No. 4194

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Gentry albaney
(b) City or town _____
(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
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL.")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fred Eugene Dewey

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 _____

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

7. Birth date of deceased Sept 11 (Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry of business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (Date received local registrar) (b) _____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 26
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____
that I last saw him alive on _____
and that death occurred on the date and hour stated above

Immediate cause of death myocarditis and nephritis Duration _____

Due to Chronic Nephritis

Due to _____

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

Major findings: 1318

Of operations _____

Of autopsy _____

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 _____ (M. D. or other) _____
Address _____ Date signed _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

SUPPLEMENTARY

TB 17812