

S. No. 2  
M-5-42  
v. 5-17-39  
-1 x325  
94

24712

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED AUG 5 1943

Registration District No. ....

Primary Registration District No. 3012

Registrar's No. 290

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

1. PLACE OF DEATH:

(a) County CLAY

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

(c) Name of hospital or institution:  
Snapps Hotel  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether  
In this community 2 days (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 949

(a) State Maine (b) County unknow

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

(d) Street No. 44 Beach St.  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 2

3. (a) PRINT FULL NAME JOHN B. DEWYEA

3. (b) If veteran, name war unknow

3. (c) Social Security No. no

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced unknow

6. (b) Name of husband or wife unknow 6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased April 7 1864  
(Month) (Day) (Year)

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

79 2 29 hr. min.

9. Birthplace Pence Canada  
(City, town, or county) (State or foreign country)

10. Usual occupation Sea Captain

11. Industry or business

12. Name unknow

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

14. Maiden name unknow

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

16. (a) Informant Mrs. A. D. Morse

(b) Address 30 Beach St, Portland, Maine

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/7/43  
(Month) (Day) (Year)

(c) Place: burial or cremation Excelsior Springs, Mo

18. (a) Signature of funeral director Herbert Hoop

(b) Address Excelsior Springs, Mo

19. (a) 7-7-43 (Data received local registrar)

(b) Mrs. L. du Bedon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6  
year 1943 hour 10:30 minute a.m.

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

Immediate cause of death apoplexy

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

Major findings: Of operations Coronary

Of autopsy Coronary

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) apoplexy

(b) Date of occurrence 7-6-1943

(c) Where did injury occur? Snapps Hotel, Excelsior Springs, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Place (Hotel)  
(Specify type of place)

While at work? no (e) Means of injury Coronary

23. Signature P.W. Crother (M. D. or other)  
Address Excelsior Springs, Mo. Date signed 7-8-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1166

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

8-3-43

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..... *James A. Moles* .....

Licensed Embalmer No. *3296* .....

P. O. Address. *Excelsior Springs,* .....

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.