No. 2
1—2-43
-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25760

State File No.

FILED AUG 9 1946

Registration District No. 6

Primary Registration District No. 5947

Registrar's No.

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

1. PLACE OF DEATH

(a) County Phelps

(b) City or town Rural - St James Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 0 St James Hospital
(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 No (b) County 81

(c) City or town ✓ 0
(If outside city or town limits, write "RURAL")

(d) Street No. ✓
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ✓ 0

3. (a) PRINT FULL NAME No NAME

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 S

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased ✓ (Month) (Day) (Year)

8. AGE: Years No | Months No | Days | If less than one day 1 hr. min.

9. Birthplace Phelps Co (City, town, or county) Missouri (State or foreign country)

10. Usual occupation ✓

11. Industry or business ✓

FATHER
12. Name Harry H Dehan
13. Birthplace Dehlerinne (City, town, or county) S.W. (State or foreign country)

MOTHER
14. Maiden name Edna B. Blount
15. Birthplace Crawford Co (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Harry Seth H Dehan
(b) Address Steelville Mo.

17. (a) (Burial, cremation, or removal) (b) Date thereof 7/23/43 (Month) (Day) (Year)
(c) Place: burial or cremation Hannah Country

18. (a) Signature of funeral director [illegible]
(b) Address Steelville Mo

19. (a) 7-23-1943 (Date received local registrar) (b) Chauncey Dickson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 23 year 43 hour 1 minute 9 M.

21. I hereby certify that I attended the deceased from 7-22, 1943, to 7-23-, 1943, that I last saw him alive on 7-23-43, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Immature Development

Due to Premature Birth

Due to ?

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

159

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) No

(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?
(Specify type of place)

While at work? ✓ (e) Means of injury 0

23. Signature [illegible] (M. D. or other)

Address St James Hospital St James Mo Date signed 7-23-43

1011

(Licensed Embalmer's Statement on Reverse Side)

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 L. J. Jo

not Embalmed Registered Apprentice No.

working under my personal supervision.

Signed L. J. Jones

Licensed Embalmer No. 2379

P. O. Address Steelville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 10 1943

State File No.

Registration District No. 276 Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:

(a) County P Phelps

(b) City or town Rural – St James Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St James Hospital
(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 Mo. (b) County

(c) City or town Rural – St James Twp
(If outside city or town limits, write "RURAL")

(d) Street No. St James Twp
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME No Name

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex

5. Color or race

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 7 (Month) 22 (Day) 1943 (Year)

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

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
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) Chancie Dickson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 23
year 1943 hour minute 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

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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)

(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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

5-257600