

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31064**

FILED OCT 11 1943

Registration District No. **3000**

Primary Registration District No. **3000**

Registrar's No. **238**

**1. PLACE OF DEATH:**  
(a) County Adair  
(b) City or town Pittsboro  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: A. P. O. Hospital - 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Adair  
(c) City or town Pittsboro  
(If outside city or town limits, write "RURAL")  
(d) Street No. 315 S. Franklin  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

**3. (a) PRINT FULL NAME** TOMMY DENSMORE  
3. (b) If veteran, name war No 3. (c) Social Security No. No

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month 9 day 2  
year 1943 hour 9 minute 55 P.M.  
21. I hereby certify that I attended the deceased from August 25<sup>th</sup>, 1943 to September 2, 1943.  
that I last saw him alive on September 2, 1943,  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race White  
6. (a) Single, widowed, married, divorced 0  
6. (b) Name of husband or wife 0 6. (c) Age of husband or wife if alive 24 years (Day) (Year)  
7. Birth date of deceased: MARCH 24 1940  
(Month) (Day) (Year)

Immediate cause of death Acute cardiac dilatation  
Duration 2/29/43

**8. AGE:** Years 2 Months 5 Days 8  
If less than one day hr. min.

Due to Encephalomyelitis 2/29/43  
Due to Trauma - Severe Concussion 8/25/43

9. Birthplace San Diego Cal  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)  
171 P - 8

10. Usual occupation -  
11. Industry or business -

Major findings: 171 P - 8  
Of operations 40  
Of autopsy 40  
**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

**MOTHER FATHER**  
12. Name John Franklina Dinsmore  
13. Birthplace Ethel MO  
(City, town, or county) (State or foreign country)  
14. Maiden name MARIE WILLIAMS  
15. Birthplace Albany MO  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident 12.7  
(b) Date of occurrence August 25, 1943  
(c) Where did injury occur? On Pittsboro Adair Missouri  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
On sidewalk outside of the home  
While at work? No (Specify type of place) (e) Means of injury Tricycle  
23. Signature Thom J. Kelly (M. D. or other) DD  
Address Pittsboro, Missouri Date signed 9/3/43

16. (a) Informant MARIE DENSMORE  
(b) Address 315 S. Franklin  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/5/43  
(Month) (Day) (Year)  
(c) Place: burial or cremation Ethel, Mo.  
18. (a) Signature of funeral director DEE...  
(b) Address Pittsboro, Mo.  
19. (a) 9/11/43 (Date received local registrar) (b) Thom J. Kelly (Registrar's signature)

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

RECEIVED

District Health Officer No. 10

District File No. 10-43-1655

Date Filed OCT 7 1943

---

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 DEE Riley.....

Licensed Embalmer No. 4181.....

P. O. Address W. H. H. M. Co......

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.