

No. 2
5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38697

State File No. _____

FILED DEC 6 1943
Registration District No. 210

Primary Registration District No. 5772

Registrar's No. 164

1. PLACE OF DEATH:

(a) County Mercer

(b) City or town Rural Medicine Township
(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 16-0-17 (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Mercer ⁶⁵

(c) City or town Rural ¹
(If outside city or town limits, write "RURAL") ⁰

(d) Street No. Medicine Township
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Irma Lucille Dean

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

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

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

7. Birth date of deceased Oct 25 1927
(Month) (Day) (Year)

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

16	0	17	hr. min.
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9. Birthplace Mercer Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Forrest Dean

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

14. Maiden name Leah Clemens

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

16. (a) Informant Forrest Dean

(b) Address Spickard Mo

17. (a) Rural (b) Date thereof Nov 14 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Half Rock Cem Mo

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

(b) Address Spickard Mo

19. (a) 11-14-43 (b) Jessie Alley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12
year 1943 hour 10 minute 00 A.M.

21. I hereby certify that I attended the deceased from 4 A.M.
Nov 12 1943 to 10 A.M. Nov 12 1943
that I last saw her alive on 6:30 A.M. Nov 12 1943
and that death occurred on the date and hour stated above.

Immediate cause of death mitral Insufficiency
40% block.
Duration from
until 10⁰⁰
on Nov 12

Due to _____
Due to _____

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

Major findings:
Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
Means of injury _____

23. Signature C. L. McClanahan (M. D. or other) M.D.
Address Spickard Mo Date signed Nov 14 43

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

005

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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

Bob Hise

Licensed Embalmer No.

3971

P. O. Address

Richard M

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.