

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

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38731**
Registrar's No. **48**

FILED NOV 20 1943

Registration District No. **226**

Primary Registration District No. **4337**

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

1. PLACE OF DEATH:

(a) County **Madison**
(b) City or town **Madison**
(c) Name of hospital or institution: **at home**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Madison**
(c) City or town **Madison**
(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

3. (a) PRINT FULL NAME **Dysart Infant**

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

4. Sex **m** 5. Color or race **2 Negro** 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. 19 1943**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
				hr. 10 min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name **Leroy Dupark**

13. Birthplace **Clinton ed. Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Lillian Buelton**

15. Birthplace **Madison Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Leroy Dysart**

(b) Address **Madison, Mo.**

17. (a) **burial** (b) Date thereof **10/21/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lansdown Cemetery**

18. (a) Signature of funeral director **W. H. Thompson**
(b) Address **Madison, Mo.**

19. (a) **10/20/43** (b) **Otis Hattery**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **19** year **1943** hour **8** minute **10 P.M.**

21. I hereby certify that I attended the deceased from **Oct 19 1943** to **Oct 19 1943**
that I last saw him alive on **Oct 19 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Respiratory Infection**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) **160**

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) (c) Means of injury

23. Signature **W. H. Thompson** (M. D. or other)
Address **Madison, Mo.** Date signed **10-20-43**

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

RECEIVED

District Health Officer No. 10

Obituary File Number 11-43-1897

Date Filed

NOV 5 1948

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.....

Not Embalmed

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

working under my personal supervision.

Signed *Ken Smith*

Licensed Embalmer No. 3252

P. O. Address *Ken Smith*

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.