

FILED JAN 14 1944
Registration District No. 157

Primary Registration District No. 6293

Registrar's No. 242

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: Three east of Jasper Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 32 Years
(Specify whether years, months or days)

In this community 32 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. Three mile east of Jasper Mo.
(If rural, give location)

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

3. (a) PRINT FULL NAME Alpheus T. Dean

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Amanda E. Dean

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased Oct. 27th. 1857
(Month) (Day) (Year)

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

86 23 2 hr. min.

9. Birthplace Unknown North/Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Retired Farmer

12. Name Louis Dean

13. Birthplace Unknown North/Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Emily Horny

15. Birthplace Unknown North/Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Amanda Dean

(b) Address Jasper, Mo.

17. (a) Burial (b) Date thereof 12-31-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem.

18. (a) Signature of funeral director Chas. J. Teeter

(b) Address Jasper Mo.

19. (a) Dec. 31 '43 (b) E. Elizabeth Conklin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 29 day 29th.
year 1943 hour 10 minute 10 a M.

21. I hereby certify that I attended the deceased from Oct. 12, 1943
19 to Dec. 29th, 1943 19 43;

that I last saw ~~her~~ alive on Nov. 11th, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Malnutrition, senility

Due to Cardiovascular disease, Arteriosclerosis

Due to Chronic Endocarditis

Other conditions (including pregnancy within 3 months of death)

Major findings: J. Darwin Magee, D.O.
of operations

Of autopsy P. J. D.

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) (e) Means of injury _____

23. Signature J. Darwin Magee (M.D. or other) D.O.

Address Jasper Mo. Date signed 12-30-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1203

43-12-105-0

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.....

Phas J. Tinter

Licensed Embalmer No. *2566*

P. O. Address *Jasper Mo*

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.