

FILED JAN 11 1944

Registration District No. **291**

Primary Registration District No. **4433**

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

1. PLACE OF DEATH:

(a) County **Putnam**  
(b) City or town **UNIONVILLE**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **- /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **LIFE TIME** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **Putnam**  
(c) City or town **UNIONVILLE**  
(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 **GEORGE HOGAN DEWEES**

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

4. Sex **MALE** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **MARRIED**  
6. (b) Name of husband or wife **MARY THEODORA DEWEES** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **JANUARY - 13 - 1868**  
(Month) (Day) (Year)

8. AGE: Years **75** Months **11** Days **14** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Putnam County Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business **Retired 2 years**  
12. Name **REASON THOMAS DEWEES**  
13. Birthplace **UNKNOWN Ohio**  
(City, town, or county) (State or foreign country)  
14. Maiden name **MARY E LUTE**  
15. Birthplace **UNKNOWN 9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Cash Cornett**  
(b) Address **Linnema, Mo**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **JAN - 3 - 1944**  
(Month) (Day) (Year)  
(c) Place: burial or cremation **Union Church Cemetery**

18. (a) Signature of funeral director **Comstock Funeral Home**  
(b) Address **Unionville Mo By SW Comstock**

19. (a) **1/4/44** (Date received local registrar) (b) **[Signature]** (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **31** year **1943** hour **4** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Dec 31**, 1943, to **Dec 31**, 1943, that I last saw him alive on **Dec 31**, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration **Four months**  
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)  
(c) Means of injury \_\_\_\_\_

23. Signature **Dr. J. W. Bellum** (M.D. or other) **DO**  
Address **201. 3** Date signed **1-7-44**

NOV 3 1944

RECEIVED

District Health Officer No. 10

District File Number 1-44-44

Date Filed JAN 10 1944

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 John N. Comstock  
Licensed Embalmer No. 3891  
P. O. Address Unionville 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.