

FILED JUN 12 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 3054

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH

(a) County Pike  
(b) City or town Louisiana  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
609 Kentucky  
(If not in hospital or institution, give the street number or location)  
(d) Length of stay: In hospital or institution no  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike  
(c) City or town Louisiana  
(If outside city or town limits, write "RURAL")  
(d) Street No. 609 Kentucky  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country no

3. (a) PRINT FULL NAME Ida Blanch Deweese

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife W.W. Deweese 6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased Aug. 25 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 8 14 hr. min.

9. Birthplace Shardon County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

MOTHER FATHER

12. Name Henry Mickelson  
13. Birthplace Penn.  
(City, town, or county) (State or foreign country)  
14. Maiden name Martha Smoot  
15. Birthplace Penn.  
(City, town, or county) (State or foreign country)

16. (a) Informant W.W. Deweese  
(b) Address Louisiana Mo.

17. (a) Burial (b) Date thereof May 11 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Louisiana Mo.

18. (a) Signature of funeral director Warner & Sterne  
(b) Address Louisiana Mo.

19. (a) May 10 1944 (b) J. Kaley Deputy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9  
year 1944 hour 8 minute A M.  
21. I hereby certify that I attended the deceased from 1942  
\_\_\_\_\_ 19\_\_\_\_ to May 9 1944  
that I last saw h. E.R. alive on MAY 9 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Cardiovascular renal hypertension  
Due to dissecting  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations 1/2/0  
Of autopsy \_\_\_\_\_

Duration  
5 yrs  
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 [Signature] (M.D. or other) no  
Address Louisiana Mo. Date signed May 10 1944

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

22  
2  
1

RECEIVED

District Health Officer No. 10

District File Number 6-44-1107

Date Filed JUN 9 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, \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed J. B. Sterne

Licensed Embalmer No. 4039

P. O. Address Louisiana, 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.