

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

20562

FILED JUN 29 1944

1. PLACE OF DEATH

County Jackson
Township St. C
City Mo

Registration District No. 149
Primary Registration District No. 1002
No. 3200 Norledge

File No. _____
Registered No. 2551
St. _____ Ward _____

2. FULL NAME

Wm De Pree
(a) Residence, No. 3200 Norledge St. 8 mo Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W O 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Blanca

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) no record

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. no record
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. no record
10. Date deceased last worked at this occupation (month and year) no record 11. Total time (years) spent in this occupation. no record

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

13. NAME no record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

15. MAIDEN NAME no record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

17. INFORMANT Jude Schmidt (ADDRESS) P.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE McClure Cem DATE 6/16 1944

19. UNDERTAKER Dr. M. M. Murrin (ADDRESS) 2315 1st St. Springfield

20. FILED 6-17-44 19 T. C. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-17-44 19

22. I HEREBY CERTIFY, That I attended deceased from 10-26-43 19 to 6-13-44 19. I last saw him/her live on 2-13-44 19. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Atherosclerosis

Other contributory causes of importance: 97

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) J. P. Lawrence M. D. (Address) 3200 Norledge

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Signed Ray E. Sweet

Quince Embelmer No 256

Kansas City Mo