

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF HEALTH
BUREAU OF THE CENSUS
FILED JUL 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21730

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 59

1. PLACE OF DEATH:
(a) County Jasper, Mo. (b) City or town Webb City
(c) Name of hospital or institution 1001 N. Devon St.
(d) Length of stay: 1 month
In this community 1 month years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Jenkins 49
(d) Street No. 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mervel David Deason
(b) If veteran, name war - (c) Social Security No. 492-28-771

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 28 year 1944 hour 10:45 minute P. M.
21. I hereby certify that I attended the deceased from June 25, 1944, to June 25, 1944, that I last saw him alive on June 25, 1944, and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive years

Immediate cause of death Heat stroke
Due to Heat and acute indigestion
Due to

7. Birth date of deceased Dec 12 1924 (Month) (Day) (Year)
8. AGE: Years 19 Months 6 Days 16 If less than one day hr min.

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 1949
Of autopsy

MOTHER FATHER

9. Birthplace Jasper, Mo. Ind.
10. Usual occupation Laborer
11. Industry or business Atlas Fertilizer Plant
12. Name Carl Beason
13. Birthplace Arkansas
14. Maiden name Cecilia Roberts
15. Birthplace Mo.

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?

16. (a) Informant Mrs. Fred Palmer
(b) Address Jenkins, Mo.
17. (a) Burial (b) Date thereof July 2 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Spring Cemetery
18. (a) Signature of funeral director Webb City Undertaking Co.
(b) Address Webb City, Mo.
19. (a) June 29 1944 (Date received local registrar) Mrs. Willie Sage (Registrar's signature)

While at work? (Specify type of place) (c) Cause of injury
23. Signature M.D. Deason (M. D. or Registrar) Address 205 W. Apple St. Date signed 6-28-44
Webb City Mo

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

79662

1180

(Licensed Embalmer's Statement on Reverse Side)

44-6-553

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: A. K. Mills

Licensed Embalmer No. 347

P. O. Address Walt City, 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.