

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 9 1944

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 225

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
903 College Hill
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 45 years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cape Girardeau
(c) City or town Cape Girardeau 16
(If outside city or town limits, write "RURAL")
(d) Street No. 903 College Hill
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Washington S. Dearmont

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month July day 17 year 1944 hour 1 minute 0 M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Julia Dearmont 6. (c) Age of husband or wife if alive - years
7. Birth date of deceased Sept 22 - 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 25 1942, to July 17 1944 that I last saw him alive on July 17 1944 and that death occurred on the date and hour stated above.

8. AGE: Years 84 Months 9 Days 25 If less than one day hr. min.

Immediate cause of death myocarditis

9. Birthplace Clark Co. Virginia
(City, town, or county) (State or foreign country)

Due to ? 9321

10. Usual occupation Retired

Due to _____
Other conditions Oedema of Lungs
(Include pregnancy within 3 months of death)

11. Industry or business Pres of college

Major findings: Of operations _____

12. Name Peter Dearmont

Of autopsy _____

13. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Moary Bell

15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Russell Dearmont

(b) Address St. Louis Mo.

17. (a) Burial (b) Date thereof July 18-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maunsell

18. (c) Signature of funeral director Walthus Lind Co

(b) Address Cape Girardeau Mo

19. (a) 7-18-44 (b) H. H. Phelps
(Date received local registrar) (Registrar's signature)

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 Carl W. Minneman (M. D. or other)
Address Cape Girardeau Mo Date signed 7-18-44

Duration _____
Underline the cause to which death should be charged statistically.

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

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REIVED

District Health Officer No. 4
District File Number 840-4178
Date Filed 8-7-44

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 Virgil H. Welch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau - 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.