V. S. No. 2
100M—2-43
Rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26789

FILED AUG 23 1944

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3253

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution R. Convalescent Home 4 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week (Specify whether

In this community 1 week years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 628 Orville Ave (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Charles H. Dewey

3. (b) If veteran, name war — no

3. (c) Social Security No. none

4. Sex M

5. Color or race W

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ widow

6. (b) Name of husband or wife Julia Dewey

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 12 (Month) 10 (Day) 1860 (Year)

8. AGE: Years 83 Months 7 Days 27 If less than one day hr. min.

9. Birthplace (City, town, or county) Michigan (State or foreign country)

10. Usual occupation ~~Cooper~~ none

11. Industry or business

FATHER
12. Name Hiram Dewey
13. Birthplace Not known (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Not known
15. Birthplace Not known (City, town, or county) (State or foreign country)

16. (a) Informant Mr Clyde Dewey

(b) Address 3625 Wood

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 8-9-44 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Quindaro

18. (a) Signature of funeral director [illegible]

(b) Address [illegible]

19. (a) 8-8-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7 year 1944 hour 12:00 minute P M.

21. I hereby certify that I attended the deceased from 8-1-44, 19, to 8-7-44, 19; that I last saw him alive on 8-7-44, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 97	

Major findings:
Of operations
Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. ~~or other~~)

Address [illegible] Date signed 8-8-44

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(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3135

P. O. Address.....

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.