S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41950

Registration District No. FILED JAN 15 1945

Primary Registration District No. 6001.

Registrar's No.

1. PLACE OF DEATH:

(a) County: Ralls

(b) City or town: Rural Saline Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Monroe City RF.D. 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 (Specify whether years, months or days)
In this community: 5 Years

2. USUAL RESIDENCE OF DEACESED:

(a) State: Missouri (b) County: Ralls 87

(c) City or town: Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No.: Monroe City R.F.D. 3
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Ralph Aldo Dean

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Leona

6. (c) Age of husband or wife if alive: 51 years

7. Birth date of deceased: August (Month) 24 (Day) 1883 (Year)

8. AGE: Years 61 Months 4 Days 7 If less than one day hr. min.

9. Birthplace: Brown County (City, town, or county) Illinois (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: James H Dean
13. Birthplace: Madison (City, town, or county) Wisconsin (State or foreign country)

MOTHER
14. Maiden name: Minnie Miliron
15. Birthplace: UnKnown (City, town, or county) Pennsylvania (State or foreign country)

16. (a) Informant: Mrs. Aldo Dean
(b) Address: Monroe City Mo R 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/3/45 (Month) (Day) (Year)
(c) Place: burial or cremation: Walnut Grove, Paris

18. (a) Signature of funeral director: Wilson & Son
(b) Address: Monroe City, Mo

19. (a) Jan. 2-1945 (Date received local registrar) (b) Mrs. Earl Perkinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: December day: 31st year: 1944 hour: 2 minute: 15 P.M.

21. I hereby certify that I attended the deceased from Dec 5 1944, to Dec 31 1944 that I last saw he alive on Dec 31 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of colon
Due to: Metastasis of liver
Due to: left kidney
Other conditions (Include pregnancy within 3 months of death): 4/7 d

Duration: One mo. 3 Probably 2 months

Major findings: Of operations: Carcinoma of colon Generation of left kidney

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? NO (Specify type of place)
While at work? (e) Means of injury

23. Signature: M. D. Tipton (M. D. or other) MD
Address: Monroe City, Mo. Date signed: Jan 1 1945

1135

(Licensed Embalmer's Statement on Reverse Side)

DEC 29 1949

RECEIVED
District Health Officer No. 10
District File Number 1-45-156
Date Filed JAN 12 1945

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 By me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe 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.