

FILED FEB 15 1945

Registration District No. 170

Primary Registration District No. 3033

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Laclede  
(b) City or town Lebanon  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME CHESTER M. DEAN

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Mrs Pearl Dean 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Sept 11 1895  
(Month) (Day) (Year)

8. AGE: Years 49 Months 4 Days 3 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Pulaski Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation merchant & farmer

11. Industry or business \_\_\_\_\_

12. Name James Ellis Dean  
13. Birthplace Penn. (City, town, or county) (State or foreign country)

14. Maiden name Alice Wood  
15. Birthplace Pulaski Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Pearl Dean  
(b) Address 228 Harwood Ave Lebanon

17. (a) Burial (b) Date thereof 1-17-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director W.E. Holman

(b) Address Lebanon Mo.

19. (a) Feb-1-45 (b) Grace Roper  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede

(c) City or town Lebanon (If outside city or town limits, write "RURAL") 53

(d) Street No. 228 Harwood Ave (If rural, give location) 1  
2

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

If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17  
year 1945 hour 1 minute A.M.

21. I hereby certify that I attended the deceased from about  
11:45 P.M. 1/13 1945 to 1:00 A.M. 1/14 1945

that I last saw him alive on 1/14 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 3 hrs.

Due to \_\_\_\_\_

Due to 94A

Other conditions (Include pregnancy within 3 months of death)

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 John M. Beckham, M.D.

Address Lebanon, Mo. Date signed 1/16/45

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

29-3

Received \_\_\_\_\_  
Laclede County Health Unit

File No. 1-45-8

Date Filed 2/14/45

561 61 82  
FEB 19 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 \_\_\_\_\_  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.**