

FILED APR 5 1945

Registration District No. _____

Primary Registration District No. 4552

Registrar's No. 137

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

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Mountain Grove
(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)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 63 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright
(c) City or town Mountain Grove Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joshua Alsop Dean

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Sarah V. Dean 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased May 15 1865
(Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 00 If less than one day hr. _____ min. _____

9. Birthplace Southerland Co Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Charley Dean
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Martha Gott
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Sarah V. Dean
(b) Address Mountain Grove Missouri

17. (a) Burial (b) Date thereof 3/18/1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hill Crest Cemetery

18. (a) Signature of funeral director Sam Stapp
(b) Address Mountain Grove Mo

19. (a) 3-26-45 (b) N. M. Lower
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1945 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from 3/7 1945 to 3/15 1945
that I last saw him alive on 3/15 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Infection of the liver caused by obstruction of common bile duct

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: _____
Of operations _____
Of autopsy _____

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 R. A. Ryan (M. D. or D.D.S.)
Address Mountain Grove, Mo. Date signed 3/26-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1233

RECEIVED

District Health Officer No. 6;

District File Number 445-393

Date Filed APR 2 1945

APR 14 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 Burg Steff
Licensed Embalmer No. 3161
P. O. Address Wm. Grove Me

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.