

No. 2
8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS
FILED MAR 15 1946 THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5358

State File No. _____

Registration District No. 123

Primary Registration District No. 3022

Registrar's No. 22

1. PLACE OF DEATH:
 (a) County Harrison
 (b) City or town Bethany
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: no
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution no
(Specify whether years, months or days)
 In this community 2 years

2. USUAL RESIDENCE OF DECEASED: 41
 (a) State Missouri (b) County Harrison
 (c) City or town Bethany
(If outside city or town limits, write "RURAL")
 (d) Street No. South 15th St.
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Elisha Sylvester Dinsmore
 (b) If veteran, name war no
 (c) Social Security No. no

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan. day 30
 year _____ hour _____ minute _____ M.

4. Sex male 5. Color or race White
 6. (a) Single, widowed, married, divorced married
 (b) Name of husband or wife Nellie Gertrude Dinsmore
 (c) Age of husband or wife if alive 58 years
 7. Birth date of deceased: 3 (Month) 17 (Day) 1882 (Year)

21. I hereby certify that I attended the deceased from _____ 19____ to Jan 30 1946;
 that I last saw him alive on Jan 31 1946
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>10</u>	<u>13</u>	hr. _____ min. _____

Immediate cause of death: Cerebral Hemorrhage
 Duration 1 day

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

Due to Arteriosclerosis 5 yrs

10. Usual occupation Farmer

Due to Chronic myocarditis 3 yrs

11. Industry or business farm

Other conditions _____
(Include pregnancy within 3 months of death)

12. Name Squire D. Dinsmore

Major findings: _____
 Of operations 83a

13. Birthplace do not know
(City, town, or county) (State or foreign country)

Of autopsy _____

14. Maiden name Lucrecia (do not know)

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

15. Birthplace do not know
(City, town, or county) (State or foreign country)

16. (a) Informant Ernest Dinsmore

(b) Address Bethany, Mo.

17. (a) Burial (b) Date thereof Feb. 1, '46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Goshen

18. (a) Signature of funeral director V. H. Kaus
 (b) Address Bethany, Mo.

19. (a) 468-46 (b) Zola Burris
(Date received by 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) (Specify type of place) (Specify type of place)
 Means of injury 0

23. Signature W. F. Boyles (M. D. or other) _____
 Address Bethany, Missouri Date signed 2-2-46

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

MOTHER FATHER

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DISTRICT HEALTH OFFICE
Cameroon, Mo.

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..... *W. H. Lane*

Licensed Embalmer No. *3899*

P. O. Address *Bethany 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.