

7. S. No. 2
FORM-2-43
Rev. 5-17-39
I X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 27 1946
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10449**
Registrar's No. **46**

Registration District No. **294**
Primary Registration District No. **3056**

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

1. PLACE OF DEATH:
(a) County **Randolph**
(b) City or town **Moberly**
(c) Name of hospital or institution: **McCormick Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **William P. Dessert**
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 **Ellen**
6. (c) Age of husband or wife if **17th** **1855**
7. Birth date of deceased **Jan** **17th** **1855**
(Month) (Day) (Year)

8. AGE:
Years **91** Months **1** Days **2**
If less than one day _____ hr. _____ min.

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

10. Usual occupation **Retired**

11. Industry or business
12. Name **Joseph Dessert**
13. Birthplace **France**
(City, town, or county) (State or foreign country)
14. Maiden name **Sophie Rath**
15. Birthplace **France**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ellen Dessert**
(b) Address **Moberly, Mo**

17. (a) Burial **(b) Date thereof** **Feb 22-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Moberly, Mo**

18. (a) Signature of funeral director **Mahon and Son**
(b) Address **Moberly Mo**

19. (a) 2-22-46 **(b) Seal Wilshaw**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Randolph**
(c) City or town **Moberly**
(If outside city or town limits, write "RURAL")
(d) Street No. **604 So Williams** ?
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb.** day **19**
year **1946** hour **6** minute **45 AM**
21. I hereby certify that I attended the deceased from **Jan 24, 1946**
to **Feb 9, 1946**
that I last saw him alive on **Feb 19, 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion**
Duration **2 hrs**

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

PHYSICIAN
Major findings: **g40**
Of operations _____
Of autopsy _____
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?
While at work? _____ (Specify type of place) (e) Means of injury **2**
23. Signature **W.H. McCormick D.O.** (M. D. or other) **2**
Address **300 1/2 Reed St. Moberly Mo** **Date signed** **2-19-46**

(Licensed Embalmer's Statement on Reverse Side)

MAR 29 1946

NOV 26 1946

RECEIVED

District Health Officer No. 10

District File Number 3-46-606

Date Filed MAR 19 1946

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 Frank S De Witt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.