

FILED MAY 10 1946

Registration District No. 144

Primary Registration District No. 5562

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Iron  
(b) City or town Rural, Arcadia Township  
(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 Thirty days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron 47  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2 miles south of Arcadia  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Isaac Dewrock

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 widowed  
6. (b) Name of husband or wife Mary Dewrock 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Nov. 4, 1865  
(Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days 10 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Retired Laborer

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

MOTHER FATHER

12. Name Samuel Dewrock  
13. Birthplace Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Leo Dewrock  
(b) Address Arcadia, Mo.

17. (a) removal (b) Date thereof 4/14/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cape Girardeau, Mo.

18. (a) Signature of funeral director James White

(b) Address Ironton, Mo.

19. (a) 4-16-46 (b) Mrs. Avis Jones  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14 th  
year 1946 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1st April  
1946 to 14th April 1946  
that I last saw him live on April 14th 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death acute cardiac failure  
Due to chronic myocarditis?

Other conditions Senility?  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 932

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) \_\_\_\_\_

23. Signature J. E. Starland (M.D. or other) m. 22.  
Address Ironton, Mo. Date signed 4/14/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

11990

RECEIVED

Health Officer No. 4

File Number 546-212

Date Filed 5-9-46

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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 *Lyle A. White*  
Licensed Embalmer No. *4295*  
P. O. Address *Orton, 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.