

FILED MAR 25 1947

Registration District No. **3019**

Registrar's No. **155**

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

5-20-47

1. PLACE OF DEATH:

(a) County Dunklin, Kennett

(b) City or town Mo

(c) Name of hospital or institution: Dussell 15 boys
(If outside city or town limits, write "RURAL" and name of township)

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

In this community Dunklin
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin

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

(d) Street No. Rt # 1
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME OSCAR DEMPSEY

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced no

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 24 1873
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb, day 25, year 1947 hour 2 minute 10 P.M.

21. I hereby certify that I attended the deceased from 2-10 1947 to 2-25 1947

that I last saw him alive on 2-25 1947 and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 8 Days 1 If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral hemorrhage

Due to Hypertension
Phlebitis

Due to _____

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

9. Birthplace Cape Guado, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Bar Dempsey

13. Birthplace Mo
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Perry

15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Highill Dempsey

(b) Address 8 Centerville, Mo

17. (a) _____ (b) Date thereof 2/27-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation James cemetery

18. (c) Signature of funeral director W. F. Emerentz

(b) Address Jameson Ave

19. (a) 3-17-1947 (b) Carl Hubbard
(Date received local registrar) (Registrar's signature)

Major findings: no A

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? _____

(Specify type of place)

While at work _____ (e) Means of injury _____

23. Signature G. R. Presnell (M. D. or other) _____
Address Clinton Mo Date signed 3-17-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No.

District File Number 342-3

Date Filed 3-20-

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.....

Licensed Embalmer No.....

P. O. Address.....

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: