

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17244

FILED JUN 3 1947

Registration District No. 137

Primary Registration District No. 5513

State File No.

Registrar's No. 127

1. PLACE OF DEATH:

(a) County HENRY
(b) City or town CLINTON, RT 2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: LEESVILLE TYP
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE (Specify whether
In this community 60 YEARS years, months or days)

3. (a) PRINT FULL NAME MARTHA E. DULABAN

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex F 1. Color or race W 5. Color or race W
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife ROBERT L. DULABAN 6. (c) Age of husband or wife if alive DEAD years
7. Birth date of deceased NOV 25 1880
(Month) (Day) (Year)

8. AGE: Years 66 Months 6 Days 2 If less than one day hr. min.

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

10. Usual occupation HOUSE KEEPER

11. Industry or business

12. Name GEORGE SHANK

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

14. Maiden name CAROLINE STANDER

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

16. (a) Informant Willie Dulaban

(b) Address Clinton RT. 2

17. (a) Burial (b) Date thereof May 28 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shady Grove Cem.

18. (a) Signature of funeral director H. B. Kenney

(b) Address Clinton

19. (a) 5-28-47 (b) R. B. Kenney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 42
(c) City or town Clinton
(If outside city or town limits, write "RURAL")
(d) Street No. Leewille typ
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1947 hour 12:45 minute A.M.

21. I hereby certify that I attended the deceased from Mar. 1946 to May 27, 1947
er May 26, 1947
that I last saw h. alive on May 26, 1947, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 2 days
Due to Arteriosclerosis 3 yrs.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 43

Of autopsy

PHYSICIAN

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. B. Kenney (a) or other D. O.
Address Warsaw, Mo. Date signed 5/27/47

RECEIVED
District Health Officer No. 7,
District File Number 5-47-649
Date Filed 6-2-47

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..... *J. A. Vansant*

Licensed Embalmer No. *3779*

P. O. Address..... *Clinton*

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.