No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 4 1947

Registration District No. 21

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25080

Primary Registration District No. 3056

Registrar's No. 174

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: McCormick O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Monroe 69

(c) City or town Leesburg 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location) 1

(e) Citizen of foreign country? (Yes or No)

If yes, name country No

3. (a) PRINT FULL NAME Benjamin Franklin Dean

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Mo

5. Color or race W

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife Aquilla Dean

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased May (Month) 27 (Day) 1869 (Year)

8. AGE: Years 78 | Months 1 | Days 22 | If less than one day ___ hr. ___ min.

9. Birthplace (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Edward Dean 9
13. Birthplace (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Sarah Janes 9
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs Ep. Taylor
(b) Address Leesburg Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-22-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Leesburg Mo Copper Funeral Directors

18. (a) Signature of funeral director Clarence Mo
(b) Address

19. (a) 7-28-47 (Date received local registrar) (b) Leah Kullman Loan (Registrar's signature) 211

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 19th day July
year 1947 hour 6 minute 50p M.

21. I hereby certify that I attended the deceased from July 8, 1947 to July 19, 1947
that I last saw him alive on July 19, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	2 days
Due to Chronic nephritis	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

131 B

Major findings:
Of operations
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?
(Specify type of place)
While at work? (e) Means of injury 2

23. Signature W. H. McCormick D.O. (M. D. or other)
Address 300½ Reed St. Moberly Mo. Date signed 7-19-47

(Licensed Embalmer's Statement on Reverse Side)

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.....Louis E. Hopper

Licensed Embalmer No.....4261

P. O. Address.....Clarence M

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.