

FILED OCT 7 1947

Registration District No. 635

Primary Registration District No. 1224

Registrar's No. 55

1. PLACE OF DEATH:

(a) County Holt  
(b) City or town Forest City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles Oren Dean

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 Married

6. (b) Name of husband or wife Nannie Dean  
6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased February 9 1875  
(Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 23  
If less than one day hr. min.

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

10. Usual occupation Barber

11. Industry or business

12. Name Horace Dean

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

14. Maiden name Mary McAtee

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

16. (a) Informant Lawrence Dean

(b) Address Skidmore, Missouri

17. (a) Burial (b) Date thereof Sept 14 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest City, Missouri

18. (a) Signature of funeral director James H. Pettigrew

(b) Address Oregon, Mo

19. (a) 9-15-47 (b) J. Chaney  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt  
(c) City or town Forest City  
(If outside city or town limits, write "RURAL")

(d) Street No. 2  
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 11  
year 1947 hour 11:00 minute 4 A.M.

21. I hereby certify that I attended the deceased from September 8, 1947 to September 11, 1947; that I last saw him alive on September 10, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Nose

Duration 1 yr

Due to Carcinoma with Metastasis  
Due to to Liver

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 53  
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 N. E. Colbin, D.O. (M. D. or other) D.O.  
Address Forest City, Missouri Date signed 9/13/47

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

MOTHER FATHER

**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..... *James H. Pettijohn*.....  
Licensed Embalmer No..... *3192*.....  
P. O. Address..... *Oregon 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.**