No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 8 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4614

Registration District No. 734 Primary Registration District No. 4209 Registrar's No.

1. PLACE OF DEATH:
(a) County Harrison
(b) City or town Mt Moriah
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Harrison 41
(c) City or town Mt Moriah 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME ELIJAH B DINSMORE
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Josie Dinsmore
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased February (Month) 26 (Day) 1865 (Year)

8. AGE: Years 82 Months 10 Days 24 If less than one day hr. min.

9. Birthplace Warren County (City, town, or county) Iowa (State or foreign country)
10. Usual occupation retired farmer
11. Industry or business
FATHER
12. Name Squire Dinsmore
13. Birthplace Warren (City, town, or county) Iowa (State or foreign country)
MOTHER
14. Maiden name Lucrecia Turner
15. Birthplace Mercer (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant Mrs. E. B. Dinsmore
(b) Address Mt. Moriah, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 21 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Goshen Cemetery
18. (a) Signature of funeral director E. J. Stoklasa
(b) Address Cainsville, Mo.
19. (a) Feb 28-1948 (Date received local registrar) (b) S. Pta Shaw (Registrar's signature) 117

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 19th year 1948 hour 3 minute 50 P M.
21. I hereby certify that I attended the deceased from 18th of January 1948, to 19th of Jan 1948 that I last saw him alive on Jan. 19th 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Angina pectoris	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94B

PHYSICIAN
Underline the cause of 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 0
23. Signature C J Sellers (M. D. ~~or other~~)
Address Mt Moriah Mo Date signed 1/21/48

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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, by by Eddie J. Stoklasa Registered Apprentice No. working under my personal supervision.

Signed

Licensed Embalmer No. 3602

P. O. Address Chainsville, 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.