. No. 2
—1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

9265

FILED APR 6 1948

Registration District No. 583

Primary Registration District No. 5655

State File No.

Registrar's No. 29.

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution: Missouri State Sanatorium 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 430 days (Specify whether
In this community 430 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi 67

(c) City or town East Prairie 2
(If outside city or town limits, write "RURAL")

(d) Street No. Route # 2 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Isaac Dent

3. (b) If veteran, name war no

3. (c) Social Security No. 411-38-9216

4. Sex Male 2

5. Color or race Colored

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

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 10 (Day) 1915 (Year)

8. AGE:

Years	Months	Days	If less than one day
32	8	7	hr. min.

9. Birthplace unknown (City, town, or county) Arkansas (State or foreign country) 1

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Charlie Dent 9
13. Birthplace unknown (City, town, or county) unknown (State or foreign country)

MOTHER
14. Maiden name Estella Corbitt 1
15. Birthplace Lake City (City, town, or county) Arkansas (State or foreign country)

16. (a) Informant Ethel McMichael, Record Clerk

(b) Address Mo. State San., Mount Vernon, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-20-48 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Vernon Mo.

18. (a) Signature of funeral director H. D. Fossett

(b) Address Mt. Vernon Mo

19. (a) 2/25/48 (Date received local registrar) (b) C. L. Philbrick (Registrar's signature) 159

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 17 year 1948 hour 10 minute 25 p.M.

21. I hereby certify that I attended the deceased from December 15, 1946, to February 17, 1948; that I last saw him alive on February 17, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Pulmonary tuberculosis	over 2 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 13 B
Of autopsy pulmonary tuberculosis

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 J. L. Kuykawa (M. D. or other) MD

Address Mo. State San., Mount Vernon Mo. Date signed 2-18-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 348-347
Date Filed MAR 31 1948

FEB 13 1959

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 By me, Registered Apprentice No. ~~[illegible]~~, working under my personal supervision.

Signed Max L. Fossett

Licensed Embalmer No. 4252

P. O. Address Mt Vernon

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.