No. 2
1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 30 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11263

Registration District No. 360 — Primary Registration District No. 3076 — Registrar's No. 62

1. PLACE OF DEATH:
(a) County: Vernon
(b) City or town: Nevada R (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 0 (Specify whether days, months or years)
In this community: 4 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Vernon
(c) City or town: Rural - Osage (If outside city or town limits, write "RURAL")
(d) Street No.: Route 1 Horton (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Charles Isiah DePew
3. (b) If veteran, name war:
3. (c) Social Security No.:

4. Sex: M
5. Color or race: W
6. (a) Single, widowed, ~~married~~, ~~divorced~~: W
6. (b) Name of husband or wife: Elsie DePew.
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: January (Month) 1 (Day) 1866 (Year)

8. AGE: Years 82 | Months 2 | Days 20 | If less than one day: hr. min.

9. Birthplace: (City, town, or county) Montana (State or foreign country)
10. Usual occupation: Retired Farmer.
11. Industry or business: Unknown

MOTHER FATHER
12. Name: Ezra DePew
13. Birthplace: (City, town, or county) Unknown. (State or foreign country)
14. Maiden name: Rebecha Ross.
15. Birthplace: (City, town, or county) Unknown. (State or foreign country)

16. (a) Informant: Mrs. Fern Whitlow
(b) Address: Kansas City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-23-48 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~: Floral Hills - K.C. Mo.
18. (a) Signature of funeral director: Barth
(b) Address: 510 Park - Rich Hill
19. (a) 3-24-48 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21 year 1948 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from Mar 15, 1948 to Mar 21, 1948 that I last saw ~~him~~ alive on Mar 21, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Intestinal obstruction — Duration: 10 da
Due to: Probable carcinoma
Due to:
Other conditions: Chronic myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

ADDITIONAL SUPPLEMENTARY INFORMATION REQUIRED

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

23. Signature: F. L. Martin (M. D. or other) MD
Address: Nevada, Mo. Date signed: 2-23-48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 2-48-308
Date Filed 3-29-48

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 Harold M. Douglass, Registered Apprentice No. 410, working under my personal supervision.

Signed John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.

S. No. 2B
M—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. April

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 62

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Nevada
(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 (b) County

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Charles 2. DePew

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan (Month) 1 (Day) 86 (Year)

8. AGE: Years 82 Months 2 Days 20 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

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

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 21
year 1948 hour minute M.

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

Immediate cause of death	Duration
Carcinoma	
Hepatic flexure	
Due to of colon	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

46E

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

23. Signature F L Martin (M. D. or other) MD
Address Nevada Mo Date signed

S-11263