

FILED MAY 1 1948  
Registration District No. 257

Primary Registration District No. 5858

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

1. PLACE OF DEATH:

(a) County Waynes  
 (b) City or town Rural Waynes township  
 (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 \_\_\_\_\_ 15 \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 years, months or days)

3: (a) PRINT FULL NAME ANNA Mae DEARING  
 3: (b) If veteran,  name war \_\_\_\_\_  
 3: (c) Social Security No. \_\_\_\_\_

4. Sex F / 5. Color or race W  
 6: (a) Single, widowed, married, divorced Widowed  
 6: (b) Name of husband or wife John Dearing  
 6: (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased aug 11 1874  
 (Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 8  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Seamore Ind /  
 (City, town, or county) (State or foreign country)

10. Usual occupation House wife  
 11. Industry or business \_\_\_\_\_  
 12. Name Andrew Jackson Dennis  
 13. Birthplace \_\_\_\_\_ Ill /  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Rebecca Sweeney  
 15. Birthplace \_\_\_\_\_ Ind /  
 (City, town, or county) (State or foreign country)

16. (a) Informant Derwood Royston  
 (b) Address Pattonsburg Mo  
 17. (a) Burial (b) Date thereof 4 19 48  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Burial Chapel  
 18. (a) Signature of funeral director Ed Snover  
 (b) Address Pattonsburg Mo  
 19. (a) 4-24-48 (b) Bezo Heltis  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 38  
 (c) City or town Mc Zell 0  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location) \_\_\_\_\_  
 (e) Citizen of foreign country? No (Yes or No) \_\_\_\_\_  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19  
 year 1948 hour 5:30 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from April 17, 1948, to April 19, 1948;  
 that I last saw her alive on April 17, 1948,  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Cerebral Thrombosis 3 days  
 Due to Cerebral Apoplexy 5 yr.  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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 \_\_\_\_\_  
 23. Signature M.C. New (M. D. or other) D.O.  
 Address Maillard, Mo Date signed 4/19/48

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 <sup>will be</sup> ~~was~~ embalmed by me, or by.....

Robert V. Dunham....., Registered Apprentice No. ~~50~~ 50

working under my personal supervision.

Signed E. Brown.....

Licensed Embalmer No. 2857.....

P. O. Address.....

**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.**