

S. No. 2  
M-9-4-41  
rev. 5-17-39  
I X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **22162**

FILED JUL 13 1942

Registration District No. **765**

Primary Registration District No. **6266**

Registrar's No. **16**

93  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Osceola (Rural) St. Clair**

(b) City or town **Osceola (Rural)**  
(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 \_\_\_\_\_  
(Specify whether years, months or days)

In this community **22 years**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Claude H. Dempsey**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

7. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced, **Married**

6. (b) Name of husband or wife **Minnie Dempsey**

6. (c) Age of husband or wife if alive **61** years

7. Birth date of deceased **April 28-1877**  
(Month) (Day) (Year)

8. AGE: Years **65** Months **1** Days **7** If less than one day \_\_\_\_\_  
hr. min.

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

10. Usual occupation **Farming**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **James A. Dempsey**

{ 13. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Eliza Curd**

{ 15. Birthplace **Brownington Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Minnie Curd**

(b) Address **Osceola Missouri**

17. (a) **Burial** (b) Date thereof **6-6-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Brownington Mo.**

18. (a) Signature of funeral director **Osceola Funeral Home**

(b) Address **Osceola Missouri**

19. (a) **6-10-42** (b) **Dorothy Seegers**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Clair**

(c) City or town **Osceola (Rural)**  
(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 **June** day **4**  
year **1942** hour **11** minute **20** M.

21. I hereby certify that I attended the deceased from **Mar** 19**42** to **June** 19**42**  
that I last saw **alive** on **4** June 19**42**  
and that death occurred on the date and hour stated above.

Immediate cause of death **acute endocarditis**

Due to **chronic mitral insufficiency**

Other conditions: **92b**  
(Include pregnancy within 3 months of death)

Major findings: **92b**  
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 **Ruth Seeger** (M. D.)  
Address **Osceola** Date signed **6-6-42**

Duration **48 hr**

Physician **Don't know**

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7:

District File Number: 7-42-714

Date Filed: 7-9-42

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: *Charles A. Hathaway*

Licensed Embalmer No. 4267

P. O. Address: *Deserobay, Md.*

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.