

2346

No. 2
9-4-41
5-1-42
FILED

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 239

1-2
2-2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County: Henry

(b) City or town: CLINTON

(c) Name of hospital or institution: N Water 1
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution: 50 yrs (Specify whether years, months or days)

In this community: 50 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Henry 42

(c) City or town: CLINTON 1
(If outside city or town limits, write "RURAL") 2

(d) Street No.: N Water (If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME: William Allen Dean

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

3. (c) Social Security No.:

4. Sex: M 5. Color or race: W

6. (a) Single, widowed, married, divorced: 2 divorced widow

6. (b) Name of husband or wife: Bertrude Dean

6. (c) Age of husband or wife if alive: 5 1870 (Day) (Year)

7. Birth date of deceased: JAN 5 1870 (Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 21 If less than one day hr. min.

9. Birthplace: Paola Kansas 1 (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

MOTHER FATHER

12. Name: UNKNOWN

13. Birthplace: UNKNOWN 9 (City, town, or county) (State or foreign country)

14. Maiden name: UNKNOWN

15. Birthplace: UNKNOWN 9 (City, town, or county) (State or foreign country)

16. (a) Informant: Andrew Bent 3

(b) Address: Calhoun Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12 29 42 (Month) (Day) (Year)

(c) Place: burial or cremation: Windsor c.e.m

18. (a) Signature of funeral director: Fred Wilkinson

(b) Address: Clinton Mo

19. (a) Dec. 29, 1942 (Date received local registrar) (b) Georgia Kitchen (Registrar's signature) F.R.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec day: 26 year: 1942 hour: 7 minute: 00 A.M.

21. I hereby certify that I attended the deceased from 7-4-1942 to 12-26-1942 that I last saw him alive on 12-23-1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage 1/2 hr

Due to: Hypertension

Due to: Chronic Interstitial Nephritis

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

Duration

PHYSICIAN

Major findings: Of operations: None 12/21/42

Of autopsy: None

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?

While at work? (Specify type of place) (b) Means of injury: 0

23. Signature: E. C. Peeler (M.D. or other) Address: Clinton Mo Date signed: 12/29/42

RECEIVED

District Health Officer No. 71

District File Number

1-2-42-1445

FILE NO. E-1

17-43

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

T. P. McKinnon

Licensed Embalmer No.

2478

P. O. Address

Cunley No.

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.