

JUN 21 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18575
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 832
(b) Township Central Primary Registration District No. 5409B
(c) City Marrollton (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fannie Dean				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22, 1880				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	58	5	4	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer			
	9. Industry or business in which work was done, as saw mill, bank, etc. _____			
	10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Saint James, Mo.				
FATHER	13. NAME Aaron Dean			
	14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Phelps County, Mo.			
MOTHER	15. MAIDEN NAME Mary Jones			
	16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Phelps County, Mo.			
17. INFORMANT Fannie Dean (ADDRESS) Morrellton, Mo.				
18. BURIAL, CREMATION, OR REMOVAL PLACE Morrellton, Mo. DATE May 28, 1939				
19. FUNERAL DIRECTOR (NAME) Casey & Lenox (ADDRESS) St. Clair, Mo.				
20. FILED 6/9 1939 W. E. Kitchell Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 26, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **April 12, 1939**, to **May 26, 1939**
I last saw him alive on **May 10, 1939** Death is said to have occurred on the date stated above at **2:45 AM**
The principal cause of death and related causes of importance were as follows:
Chronic Myo Carditis
Arteriosclerosis
Date of onset _____

Other contributory causes of importance:
Arteriosclerosis

Name of operation **None** Date of _____
What test confirmed diagnosis? **Chronic** Where an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **Yes**
If so, specify **W. E. Kitchell**, M. D.
(Signed) **W. E. Kitchell**
(Address) **St. Clair Mo**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X18605

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.....


Licensed Embalmer No. 3601 Missouri.....

P. O. Address Saint Clair, Missouri.....

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, above space should be left blank.