

REC'D AUG 22 1939

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

25863
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 404
(b) Township Washington Primary Registration District No. 5558 Registered No. 32
(c) City Grandview, Mo. (d) Street No. Parker Road & High Grove Road 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

Willard A. Dearing
Grandview, Missouri. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary E. Dearing
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9, 1856
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 83 2 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Salesman
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 52

12. BIRTHPLACE (CITY OR TOWN) Rush County 1
(STATE OR COUNTRY) Indiana

FATHER 13. NAME John Dearing 1
14. BIRTHPLACE (CITY OR TOWN) Indiana 9
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Don't Know
16. BIRTHPLACE (CITY OR TOWN) Don't Know
(STATE OR COUNTRY)

17. INFORMANT Mrs. Ruth Dearing
(ADDRESS) Grandview, Mo. R. R. #1

18. BURIAL, CREMATION, OR REMOVAL PLACE Pierce City, Mo. DATE July 14 1939

19. FUNERAL DIRECTOR (NAME) R. V. Lindsey & Sons
(ADDRESS) 3811 Broadway

20. FILED 8-10-1939 R. V. Lindsey & Sons
Lohi Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12, 1938
22. I HEREBY CERTIFY, That I attended deceased from July 9th 1938, to June 25th 1939
I last saw him alive on June 25th 1939. Death is said to have occurred on the date stated above, at 7:30 P.M.
The principal cause of death and related causes of importance were as follows:

Cancer of the Parotid gland.
52

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No.

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?.....
If so, specify Professional (Signed) R. V. Lindsey, M. D.
316 (Address) 1524 Professional Bldg.
St. C. 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.

W. F. Mc Bride,
Pres. of A. F.

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.....

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, above space should be left blank.