

DEC 15 1939

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

38954
Do not use this space.

1. PLACE OF DEATH ³ *Bates*
(a) County *Bates* Registration District No. *50*
(b) Town *mt Pleasant* Primary Registration District No. *5074*
(c) City *County Home* (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 *Mary Lorraine Deardoff*
(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 *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Single*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 6 - 1890*
7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
49 3 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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
Retired

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know, Indiana*

FATHER 13. NAME *George Deardoff*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know, Indiana*

MOTHER 15. MAIDEN NAME *Jakes*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know, Nebraska*

17. INFORMANT (ADDRESS) *William J. Vorseston, Adams St*

18. BURIAL OR CREMATION OR REMOVAL PLACE *Crescent Hill* DATE *Nov 24 1939*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Creations, Adams St*

20. FILED *No 24* 1939 *Mrs R Kulis* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from *Nov 22*, 1939, to *Nov 22*, 1939
I last saw him alive on *Nov 22*, 1939 Death is said to have occurred on the date stated above, at *6:30 P.M.*
The principal cause of death and related causes of importance were as follows:

Coronary Occlusion Date of onset
Obesity
Other contributory causes of importance:
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

(Signed) *C. G. Lunk*, M. D.
Bates Mo (Address)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

STATE OF MISSOURI
DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS

RECEIVED

District Health Officer No. 7,

File No. 2-39-173

Date filed 2-15-39

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,

Fred D. Creath

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Fred D. Creath

Licensed Embalmer No. 3343

P. O. Address Adrian, Mo

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.