

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

41102
Do not use this space.

1. PLACE OF DEATH

(a) County Webster Registration District No. 897

(b) Township Linley Primary Registration District No. 6101

(c) City Seymour (d) Street No. _____ St. _____

(e) Length of residence in city or town where death occurred 12 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Dave Davidson Dean

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Eliza Dean

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 16 - 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>74</u>	<u>8</u>	<u>8</u>	

OCCUPATION

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

9. Industry or business in which work was done, as saw mill, bank, etc. Employee

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) Cannelton Ind

FATHER

13. NAME John Dean

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER

15. MAIDEN NAME Davidson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cannelton Ind

17. INFORMANT (ADDRESS) Mrs Eliza Dean Seymour Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Fordland Ceme DATE Nov 24 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kelley, Surrill Seymour Mo

20. FILED 11-22 1939 R. E. McManahan 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 11-19-39 to 11-21-39

I last saw him alive on 11-21-39 Death is said to have occurred on the date stated above, at 12:50 P. m.

The principal cause of death and related causes of importance were as follows:

Senescence
Deodental decay

Date of onset _____

Other contributory causes of importance: 117

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) R. E. McManahan, M. D.

(Address) Seymour 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.

RECEIVED

District Health Officer No. 6,

District File Number 1239-2536

Date Filed DEC 8 1939

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 H. H. Kelley

Licensed Embalmer No. 3334

P. O. Address Raymour 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.