V. S. No. 2
DM—11-10-39
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5981

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 182

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether

In this community ✓ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph (If outside city or town limits write "RURAL")

(d) Street No. 1209 South 10th (If rural, give location)

(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME 512 Frances Marcella Ann Dempsey

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased August (Month) 4 (Day) 1939 (Year)

8. AGE: Years 0 Months 6 Days 11 If less than one day ___ hr. ___ min.

9. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Infant

11. Industry or business Home

FATHER
12. Name Raymond Lloyd Dempsey
13. Birthplace Wathena (City, town, or county) Kansas (State or foreign country)

MOTHER
14. Maiden name Ella Margaret Adams
15. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Raymond L Dempsey

(b) Address 1209 S 10th, St. Joseph, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/17/40 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Auburn

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1302 Faraon, St. Joseph, Missouri

19. (a) 2/17/40 (Date received local registrar) (b) H J Mesthebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 15 year 1940 hour 3 minute 10 p. M.

21. I hereby certify that I attended the deceased from Feb 15, 1940, to Feb 15, 1940 that I last saw her alive on Feb. 15, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gastro-enteritis	
Due to Malnutrition	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No	

PHYSICIAN

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? (Specify type of place)

85 While at work? (e) Means of injury

23. Signature Owen W Craig (M. D. ~~or other~~)

Address Kirkpatrick Bldg., St. Joseph, Missouri Date signed 2-17-40.

(Licensed Embalmer's Statement on Reverse Side)

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. Mo. 3946

P. O. Address St. Joseph, 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.