

Registration District No. **218**

Primary Registration District No. **3015-**

Registrar's No. **59**

1. PLACE OF DEATH:

(a) County **Cooper**
(b) City or town **Boonville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Alex VanRavensway Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 Days**
(Specify whether
In this community
years, months or days)

8. (a) PRINT FULL NAME **Mary Ann Dexheimer 256**

8. (b) If veteran, name war **No** 8. (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Fred D. Dexheimer** 6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased **September 30 1886**
(Month) (Day) (Year)

8. AGE: Years **53** Months **8** Days **25** If less than one day hr. min.

9. Birthplace **Cooper County Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Home**

12. Name **John C. Hill**

18. Birthplace **Moniteau County Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Flittna Hill**

15. Birthplace **Cooper County Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **D. D. Dexheimer**

(b) Address **Tipton Mo Rt #1**

17. (a) **Removal** (b) Date thereof **6-25-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Flag Springs**

18. (a) Signature of funeral director **Jamell E. Pugh**

(b) Address **Tipton Mo**

19. (a) **6-25-40** (b) **D. Dexheimer**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cooper**
(c) City or town **Boonville Tipton Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **R. F. D.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **June** day **25**
year **1940** hour **2** minute **15 A. M.**

21. I hereby certify that I attended the deceased from **June 15** 19**40** to **June 25** 19**40**
that I last saw her alive on **June 24** 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerotic Heart and Kidney Disease**
Due to **with decomposition** **6 weeks**

Due to _____
Other conditions (Include pregnancy within 3 months of death) **121**

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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? _____
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature **Gubrey W. Miller** (M. D. or other) **1**
Address **Boonville, Mo.** Date signed **6-25-40**

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

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 7-3-40

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 *James E. Richards*
Licensed Embalmer No. *2466*
P. O. Address *Lipton, Va*

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.