

ED AUG 23 1940

Registration District No. 2202

Primary Registration District No. 555313

Registrar's No. 137

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

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Prairie City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Jackson County Home For the Aged
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 days
 (Specify whether
 In this community }
 years, months or days)

3. (a) PRINT FULL NAME Florence M. Dewey

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

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

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

7. Birth date of deceased APR 12 1854
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>2</u>	<u>23</u>	hr. min.

9. Birthplace Penn (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business 9

12. Name York Brown

13. Birthplace York Brown (City, town, or county) (State or foreign country)

14. Maiden name York Brown

15. Birthplace York Brown (City, town, or county) (State or foreign country)

16. (a) Informant Dr W. F. McCarthy

(b) Address Little Blue Mo

17. (a) Burial (b) Date thereof 7-6-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mc Washington

18. (a) Signature of funeral director W. E. McCarthy

(b) Address Kansas City, Mo.

19. (a) 7-5-40 (b) David S. Barnes
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
 (c) City or town Buckner
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
 year 1940 hour 8 minute 25 a.m.

21. I hereby certify that I attended the deceased from June 20 - 40
 19 to July 5, 1940
 that I last saw her alive on July 5, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Dementia

Due to Ch. Myocarditis

Due to Fracture of Femur

Other conditions Fracture of Femur
 (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy ✓

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? _____

23. Signature W. E. McCarthy (Specify type of placard) (a) Manner of injury _____

(b) Address Little Blue Mo Date signed July 5 40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

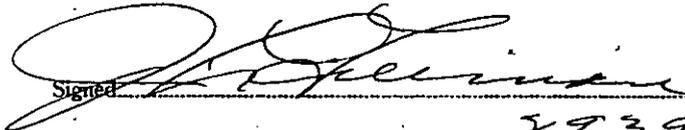
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99

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. 2939

P. O. Address H. O. ...

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **25362**
Registrar's No. **137**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **400**

Primary Registration District No. **5353 B.**

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

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Prairie T.P.**
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME **Florence M. Dewry**

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **W**

6. (b) Name of husband or wife. 6. (c) Age of husband, or wife, if alive.

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years **86** Months **2** Days **23** If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant (b) Address

17. (a) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director (b) Address

19. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. years.

20. DATE OF DEATH Month **July** day **5**
year hour minute M.

21. I hereby certify that I attended the deceased from
that I last saw him alive on
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac De-
compensation**
Chronic Myo Carditis
930

Other conditions (include pregnancy within 3 months of death)
Old fracture R. Femur
2 no duration

Major findings: Of operations
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where (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) Manner of injury
23. Signature **W. J. McCarthy** (M. D. or other)
Address **Little Blue, Mo.**

SUPPLEMENTARY

PHYSICIAN
Underline the cause to which death should be charged statistically.

