

S. No. 2  
-11-10-39  
v. 5-17-39  
I X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

25487

State File No. \_\_\_\_\_

FILED AUG 9 1940  
Registration District No. 430

Primary Registration District No. 3022

Registrar's No. 60

1. PLACE OF DEATH: Jefferson

(a) County \_\_\_\_\_

(b) City or town DeSoto, Third and Miller  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community 65 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

(c) City or town DeSoto  
(If outside city or town limits, write "RURAL")

(d) Street No. Third and Miller  
(If rural, give location)

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

3. (a) PRINT FULL NAME Celina J. Dickerman. 265

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

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

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

7. Birth date of deceased August 3 1864  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12  
year 1940 hour 4 minute 35 A.M.

21. I hereby certify that I attended the deceased from Jan. 1940 to July 12 1940  
that I last saw her alive on July 11 1940  
and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 11 Days 9  
If less than one day hr. min.

9. Birthplace St. Louis Co. Mo.  
(City, town, or county) (State or foreign country)

Immediate cause of death arterio-sclerotic heart disease Duration 10 yrs.

Due to General arterio-sclerotic disease 15 yrs.

Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Aron Hincley

13. Birthplace Not Known  
(City, town, or county) (State or foreign country)

Major findings: none

Of operations \_\_\_\_\_

Of autopsy none

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

14. Maiden name Renoult

15. Birthplace Alsace Lorraine France  
(City, town, or county) (State or foreign country)

16. (a) Informant F. A. Dickerman

(b) Address 2616 Louisiana ave

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? 381  
(Specify type of place) (e) Means of injury

17. (a) \_\_\_\_\_ (b) Date thereof July 15, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DeSoto, Mo.

18. (a) Signature of funeral director Lee Mothershead

(b) Address DeSoto, Mo.

19. (a) 7-29-40 (b) Jereva Donnell  
(Date received local registrar) (Registrar's signature)

23. Signature Harold W. McPherson (M. D. certified)

Address DeSoto, Mo. Date signed July 13 1940

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

50  
22  
2

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**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

*J. P. Mothershead*

Licensed Embalmer No. 3531

P. O. Address Osato 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.**