

FILED JAN 13 1941

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

42128

Do not use this space.

1. PLACE OF DEATH

(a) County Cedar Registration District No. 104
(b) Township Benton Primary Registration District No. 5229
(c) City Jerico Spgs Mo (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 ds. (f) How long in U.S., if foreign birth? yrs. mos. ds.

Registered No. 275

2. PRINT FULL NAME

David Franklin Deardorff
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sessie Deardorff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 1-1867

7. AGE YEARS 73 MONTHS 9 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. Retired owner
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) Jerico Spgs Mo Cedar Co13. NAME J.P. Deardorff14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Des Moines Iowa15. MAIDEN NAME Sarra Jane Walker16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stockton Mo Cedar Co.17. INFORMANT (ADDRESS) Charley Deardorff Jerico Spgs Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Brushy County Cedar Co DATE 12-25 194019. FUNERAL DIRECTOR (NAME) (ADDRESS) O.P. Mitchell Jerico Spgs Mo20. FILED 12-24 1940 Anna May Heber Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-24, 1940

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on Dec 23, 1940. Death is said to have occurred on the date stated above, at 5:00 A.M.
The principal cause of death and related causes of importance were as follows:

Hypertension & Angina pectoris

Date of onset

Other contributory causes of importance: 94 W

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? YesIf so, specify Yes(Signed) J.P. Deardorff, M. D.155 (Address) Jerico Spgs MoAnna May Heber RegJerico Spgs Mo

RECEIVED

District Health Officer No. 7,

District File Number 1-41-44

Date Filed 1-4-41

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.....

P. O. Address.....

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. 42128

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 164

Primary Registration District No. 0229

Registrar's No.

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Benton T. P.
(If outside city or town limits, write "RURAL" and name of township)
(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.
In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boonville
(c) City or town Jeres Springs Mo
(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.

3. (a) PRINT FULL NAME David Franklin Dear

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

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

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	Months	Days	If less than one day
	<u>73</u>	<u>9</u>	<u>23</u>	min.

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

10. Usual occupation _____

11. Industry or business _____

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) 12-24-1940 (b) Mrs Mary Heifner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 24
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw h_____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(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? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature Mary Heifner (M.D. or other)

Address Jeres Springs Mo Date signed _____

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

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1940

S-42128