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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

11150

State File No.

FILED APR 9 1941

Registration District No. 460

Primary Registration District No. 4272

Registrar's No. 16

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

1. PLACE OF DEATH:
(a) County Lafayette
(b) City or town Corder. Mo.
(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 1 (Specify whether
In this community All her life 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lafayette 54
(c) City or town Corder. mo. 9
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? life years.

3. (a) PRINT FULL NAME Mrs . Fannie Dean
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F. F 1
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed.
6. (b) Name of husband or wife W. H. Dean
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct-5th-1850 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
90	4-	21	hr. min.

9. Birthplace Corder. Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name James Lewis
13. Birthplace VIRGINIA 1 (State or foreign country)
MOTHER
14. Maiden name KATHERINE HARRIOTT
15. Birthplace Kentucky 1 (State or foreign country)
16. (a) Informant EDNA DEAN
(b) Address Corder. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-28-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Corder Mo.
18. (a) Signature of funeral director Alfred Halfer & Sons
(b) Address Higginsville. Mo.
19. (a) April 5-1941 (Date received local registrar) (b) Tiffany Webb (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb 26-1941
year hour minute M.

21. I hereby certify that I attended the deceased from Jan 1, 1938, to Feb 26, 1941; that I last saw her alive on Feb 25, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerosis	
Due to auricular fibrillation	1 mo
Due to	
Other conditions (Include pregnancy within 3 months of death) 1 W 9 D	

Major findings:
Of operations
Of autopsy none

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

23. Signature A. D. Johnston MD (M.D. or other) 11
Address Corder, mo Date signed 2-27-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 4-7-41
Date Filed

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 [signature]

Licensed Embalmer No. 539

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.