No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED OCT 21 1941

Registration District No. 420

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31839

Primary Registration District No. 3022

Registrar's No. 58

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

1. PLACE OF DEATH:

(a) County De Soto Jefferson

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

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

(d) Length of stay: In hospital ~~or institution~~ 23 days (Specify whether years, months or days)
In this community Aug 12-1941 to Sept 3 1941

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 5 0

(c) City or town Festus 9
(If outside city or town limits, write "RURAL")

(d) Street No. /
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Byron Lee Dewey

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mattie Dewey

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

7. Birth date of deceased November (Month) 26 (Day) 1875 (Year)

8. AGE: Years 65 Months 9 Days 5 If less than one day hr. min.

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

10. Usual occupation Engineer

11. Industry or business

FATHER
12. Name Clinton Dewey
13. Birthplace Buffalo (City, town, or county) New York (State or foreign country)

MOTHER
14. Maiden name Josephine Wortman
15. Birthplace Casswell County (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mrs Josephine Dewey
(b) Address Festus, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/5/41 (Month) (Day) (Year)
(c) Place: burial or cremation Festus Methodist Cemetery

18. (a) Signature of funeral director Fink Und. Co.
(b) Address Festus, Missouri

19. (a) 9-8-41 (Date received local registrar) (b) Fern Spencer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 3 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from Aug. 14, 1941, to Sept. 3, 1941; that I last saw him alive on Aug. 28, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage.	3 weeks
Due to: General arteria-sclerosis	years
Due to: —	
Other conditions (Include pregnancy within 3 months of death): —	
Major findings: Of operations —	
Of autopsy —	

83a

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

23. Signature Noel V. Mcginnity (M. D. or other) M.D
Address DeSoto, Mo. Date signed 9/6/41.

(Licensed Embalmer's Statement on Reverse Side)

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 ###

Eleuan Province, Registered Apprentice No.

working under my personal supervision.

Signed Province

Licensed Embalmer No. 3403

P. O. Address Festus, Missouri

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

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