

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

38586

DEC 15 1941

Registration District No.

421

Primary Registration District No.

4249

Registrar's No.

81

1. PLACE OF DEATH:

- (a) County Jefferson
 (b) City or town Festus
 (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 (Specify whether

In this community
years, months or days)3. (a) PRINT FULL NAME Josephine Dewey3. (b) If veteran,
name war3. (c) Social Security
No.5. Color or race
Female White6. (a) Single, widowed, married,
divorced Widowed6. (b) Name of husband or wife
Clinton A. Dewey6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased March
(Month)1 1853
(Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

88813

hr. min.

9. Birthplace

(City, town, or county)

Illinois

(State or foreign country)

10. Usual occupation

Housework

11. Industry or business

MOTHER FATHER

12. Name William Worthmann13. Birthplace Knox County

(City, town, or county)

Illinois

(State or foreign country)

14. Maiden name Hama Cornelius15. Birthplace Knox County

(City, town, or county)

Illinois

(State or foreign country)

16. (a) Informant Mrs. Tom Smetzer(b) Address Festus, Missouri17. (a) Burial (b) Date thereof 11 / 17 / 41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Festus Methodist Cem.18. (a) Signature of funeral director Fink Undertaking Co.(b) Address 222 Main St. Festus, Mo.19. (a) Nov. 14, 41 (b) J. E. Rutledge, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Jefferson
 (c) City or town Festus
 (If outside city or town limits, write "RURAL")

(d) Street No. 323 S. Mill

(If rural, give location)

- (e) Citizen of foreign country?
- No
- (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14
year 1941 hour 11:45 minute 45 P. M.21. I hereby certify that I attended the deceased from Sept 1939
_____ 19____ to Oct 17 1941;that I last saw her alive on Oct 17 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic myocarditis

Duration

Due to _____

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury 023. Signature Bert Bolgar M. D. or other _____Address Festus, Mo Date signed 11/18/41

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(Licensed Embalmer's Statement on Reverse Side)

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

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, ~~###~~.....

Eleuan Province

~~#####~~

~~#####
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 with the above constitutes grounds for revocation of license.)

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