

FILED MAR 8 1943

State File No. _____

Registration District No. _____

Primary Registration District No. 5-638

Registrar's No. 9

1. PLACE OF DEATH:

(a) County **Lafayette**

(b) City or town **Rural - Sniabar Twns.**
(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 years, months or days)

In this community **40 Yrs.**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lafayette**

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

(d) Street No. **12 Mi. SW of Odessa**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Annie Elizabeth Dean**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **Fe**

5. Color or race **W**

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

6. (b) Name of husband or wife **John E. Dean**

6. (c) Age of husband or wife if alive **76** years

7. Birth date of deceased **March 28, 1870**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
72	10	25	hr. _____ min. _____

9. Birthplace **Johnson Co. Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business _____

12. Name **Henry C. Violet**

13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Yankee**

15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **J.E. Dean**

(b) Address **Bates City, Mo.**

17. (a) **Burial** (b) Date thereof **Feb. 16, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chapel Hill Cem.**

18. (a) Signature of funeral director **L. La. Thomas**

(b) Address **Odessa, Mo.**

19. (a) **Mar 1-1943** (b) **Mrs. W. Baker**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **13**
year **1943** hour **7:19** minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on **Feb 13, 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **auricular fibrillation (diagnosed by electro cardiogram)**

Due to **Coronary-renal-vascular disease**

Due to **hypertension**

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy **No 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 **[Signature]** (M. D. or other) **MD**
Address **[Signature]** Date signed **Feb 24, 1943**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1157

RECEIVED

District Health Officer No. 8

District File Number _____

Date Filed 3-5-43

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 George F. Husman

Licensed Embalmer No. 754

P. O. Address Alsea 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, fact should be so stated above.