

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

32747

State File No. _____

Registrar's No. _____

FILED SEP 22 1943

Registration District No. 343

Primary Registration District No. 106

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

1. PLACE OF DEATH:
 (a) County Stoddard
 (b) City or town Essex
 (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 years, months or days)

3. (a) PRINT FULL NAME Hubert Dempsey
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex Male
 5. Color or race white
 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 20 1926
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>17</u>	<u>2</u>	<u>23</u>	hr. _____ min.

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

10. Usual occupation Common Laborer

11. Industry or business _____
 12. Name Albert Dempsey
 13. Birthplace Illinois
 (City, town, or county) (State or foreign country)
 14. Maiden name Alice Frances Cox
 15. Birthplace Ark.
 (City, town, or county) (State or foreign country)

16. (a) Informant Alice Frances Dempsey
 (b) Address Essex MO
 17. (a) Taylor
 (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation _____
 18. (a) Signature of funeral director L. M. Hill
 (b) Address Silburn, MO
 19. (a) Sept 14 43
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Stoddard
 (c) City or town Essex 103
 (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 _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept day 18th
 year 1943 hour 10 minute 30 A.M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death by electrocution
Crown's Jury verdict
 Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death) 193
 Major findings: Of operations _____
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident 103
 (b) Date of occurrence Sept - 13 - 43
 (c) Where did injury occur? Essex, Elevator
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrial
 (Specify type of place)
 While at work? _____ (e) Means of injury _____

23. Signature Geo. Hearn, Acting Registrar
 Address Essex, MO Date signed 7-13-48

SEP 22 1943

RECEIVED

District Health Office No. A

District File Number 943-1208

Date Filed 9-20-43

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 L. M. Hill

Licensed Embalmer No. 2627

P. O. Address Silbaux 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.