S. No. 2
M—2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 32838

FILED SEP 16 1943

Registration District No. 372

Primary Registration District No. 4343

Registrar's No. 11

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

1200

**1. PLACE OF DEATH:**

(a) County Webster

(b) City or town Seymour, 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
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Webster

(c) City or town Seymour 112
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME Eliza Jane Dean.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept (Month) 21 (Day) 1870 (Year)

8. AGE: Years 73 | Months 11 | Days | If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John L. Watson.
13. Birthplace (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Millie Burks.
15. Birthplace (City, town, or county) Tenn (State or foreign country)

16. (a) Informant Howell Dean.
(b) Address Seymour, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 24-43 (Month) (Day) (Year)
(c) Place: burial or cremation Fordland

18. (a) Signature of funeral director Kelley-Ferrell
(b) Address Seymour, Mo

19. (a) Aug 24 43 (Date received local registrar) (b) Gilbert Jones (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug day 22 year 1943 hour 4 minute 5 M.

21. I hereby certify that I attended the deceased from 7 23, 1943 to 8-22, 1943 that I last saw her alive on 8-22, 1943 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Exhaustion | |
| Due to Carcinoma of Bowel | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

46e

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 E. G. Bleers (M. D. or other)

Address Seymour Mo Date signed 9-5-43

10(9)

(Licensed Embalmer's Statement on Reverse Side)

JAN 13 1948

RECEIVED
District Health Officer No. 6,
District File Number 943-1117
Date Filed 9-15-43

SEP 27 1943

**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 K. K. Kelley

Licensed Embalmer No. 03334

P. O. Address Seymour 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.**