

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Law
(c) Name of hospital or institution:
218 W. 67 Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community 23 years (Specify whether
years, months or days) Dealin

3. (a) PRINT FULL NAME

Mrs May W Dealin

3. (b) If veteran,

name war N/A

3. (c) Social Security

No.

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife John A Dealin

6. (c) Age of husband or wife if alive W 29 years

7. Birth date of deceased May 24, 1891
(Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days 29
If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

MOTHER FATHER

12. Name Joseph L. Wooden

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

14. Maiden name Emily Robinson

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

16. (a) Informant Dr. S O Barty

(b) Address 3918 Wyandotte St. mo.

17. (a) Burial (b) Date thereof 12/21-2
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Stine-McClure

(b) Address Kansas City, mo

19. (a) 12-25-93 (b) T. E. Brown
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL.")
(d) Street No. 218 W. 67 Ter.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country U.S.A.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 22
year 1943 hour 11 minute 20 A. M.

21. I hereby certify that I attended the deceased from Dealin to Dealin 1943
that I last saw him alive on 12/22/43
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Edema
Due to Coronary Sclerosis
Due to Possible Poisoning
pending investigation
Other conditions (Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy See Above

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
23. Signature A. Ellsper (M. D. or other)
Address 23rd St Date 12/23/43

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, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed John H. Hawley

Licensed Embalmer No. 40570

P. O. Address Kansas City 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40927
Registrar's No. 6508

Registration District No. 149 Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas city
(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 May W. Dewhin
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex F 5. Color or race W
 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ year

7. Birth date of deceased: May 24 1925
(Month) (Day) (Year)

8. AGE: Years 12 Months _____ Days _____
If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____
 15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) J E Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
 (c) City or town _____
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Year 1943 hour _____ minute _____ 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 acute pulmonary edema

Due to coronary sclerosis

Due to partial coronary artery

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

Major findings of examination gastric contents negative
 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) (c) Means of injury

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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