

FILED FEB 4 1944

State File No. _____

Registration District No. 574

Primary Registration District No. 3017-

Registrar's No. 13-

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Boonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days)
In this community 10 days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lathrop
(c) City or town Keytesville
(If outside city or town limits, write "RURAL")
(d) Street No. 204 E. Ave
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CAROLINE DEWEY

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Geo. Dewey 6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased April 17 - 1866
(Month) (Day) (Year)

8. AGE: Years 77 Months 8 Days 22 If less than one day hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER { 12. Name J. P. Tippitt
13. Birthplace Keytesville Mo. (City, town, or county) (State or foreign country)
14. Maiden name Mattie Brody
15. Birthplace Boonville Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Miss Molly Tippitt
(b) Address Keytesville

17. (a) Burial (b) Date thereof Jan 9 - 1944
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Keytesville

18. (a) Signature of funeral director Tippitt & Danitt
(b) Address Keytesville Mo.

19. (a) Jan-13-44 (b) Dr. Chas. Swap
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8
year 1944 hour 10 minute a.m.

21. I hereby certify that I attended the deceased from Dec 21 1943 to Jan 8 1944;
that I last saw him alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Central vascular accident Duration 5 weeks

Due to arterial hypertension In gene

Due to ?

Other conditions 82a!
(Include pregnancy within 3 months of death)

Major findings: none

Of operations _____

Of autopsy Above

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) (b) Means of injury _____

23. Signature [Signature] (M. D. or other) M.D.
Address Boonville, Mo. Date signed 1/17/44

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-3-44

DEC 30 1944

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.....

James W. Stegner

Licensed Embalmer No. 3780

P. O. Address Boonville, 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.