S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 4 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

30127

State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 975

1. PLACE OF DEATH:

(a) County Buchanan
(b) City ~~or town~~ St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No. 2. 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 yrs 5 mos 20 days (Specify whether years, months or days)
In this community 19 years 5 months 20 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte 11
(c) ~~City or~~ town Parkville 1 (If outside city or town limits, write "RURAL")
(d) Street No. 7 (If rural, give location)
(e) Citizen of foreign country? No. 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CLYDE GRAY DEAN.
3. (b) If veteran, name war —
3. (c) Social Security No. none
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased 11 (Month) 25 (Day) 1880 (Year)

8. AGE: Years	Months	Days	If less than one day
64	9	17	hr. min.

9. Birthplace Clinton (~~City~~, town, or ~~county~~) Kansas (State ~~or foreign country~~) 1
10. Usual occupation None.
11. Industry or business None.

FATHER
12. Name James Dickey Dean
13. Birthplace South Salem (~~City~~, town, or ~~county~~) Ohio (State ~~or foreign country~~) 1

MOTHER
14. Maiden name Jane Elizabeth Benton
15. Birthplace Greenfield (~~City~~, town, or ~~county~~) Ohio (State ~~or foreign country~~) 1

16. (a) Informant H. A. Dean
(b) Address Parkville, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-12-45 (Month) (Day) (Year)
(c) Place: burial or cremation Parkville Mo
18. (a) Signature of funeral director L. N. Francis
(b) Address Po Parkville Mo
19. (a) 9/12-45 (Date received local registrar) (b) H J Neshbush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 12 year 1945 hour 6 minute 40 A M.
21. I hereby certify that I attended the deceased from 3-1-, 1944 to 9-11-, 1945 that I last saw him alive on 9-11-, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cellulo-cutaneous Erysipelas of right leg	9 days
Due to: Patient scratching his leg with his finger nails	11 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 1112

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 0

23. Signature J. H. Morrowney (M. D. or other)
Address State Hospital No. 2 Date signed 9-12-45

1428

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ~~was~~ will be embalmed by me, or by me

.....; Registered Apprentice No.....,

working under my personal supervision.

Signed L. H. Francis

Licensed Embalmer No. 3451

P. O. Address Parkville 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.