No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 28 1946

State File No.

Registration District No. 278 Primary Registration District No. 5953 Registrar's No.

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Buffalo Twp Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike 82

(c) City or town Bowling Green Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country X

3. (a) PRINT FULL NAME Lovisa Jane Dempsey

3. (b) If veteran, name war X

3. (c) Social Security No. none

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife Wm R. Dempsey

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

7. Birth date of deceased Dec (Month) 13 (Day) 1865 (Year)

8. AGE: Years 80 Months 0 Days 6 If less than one day hr. min.

9. Birthplace Summer Hill (City, town, or county) Ill (State or foreign country) 1

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name John Horniday
13. Birthplace Dont Know (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Carline Thomas
15. Birthplace Dont Know (City, town, or county) (State or foreign country) 9

16. (a) Informant W. L. Dempsey
(b) Address Bowling Green Mo Rt 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec (Month) (Day) (Year)
(c) Place: burial or cremation Antioch Cemetery Mo

18. (a) Signature of funeral director Grace Bankhead
(b) Address Bowling Green Mo

19. (a) Dec 22/45 (Date received local registrar) (b) Margaret E. Stephens (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Dec day 19 year 1945 hour 9 minute P M.

21. I hereby certify that I attended the deceased from 1940, 19, to 12/19, 1945 that I last saw her alive on 12/19/45, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Nemia	10 days
Due to Chronic Ins. Nephritis	3 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: 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? (Specify type of place)

While at work? (e) Means of injury no

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

Address Bowling Green Date signed 12/22/45

255 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 10
District File Number 1-46-181
Date Filed JAN 25 1946

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 Grace Bonghead

Licensed Embalmer No. 2204

P. O. Address Bowling Green 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.