. S. No. 2
OM—5-43
ev. 5-17-39
No I X35671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

19280

State File No. Martin

FILED MAY 16 1946

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 47

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Nevada Rural Washington Twp.
(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 Don't Know
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 13

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Charles Dean

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex M O

5. Color or race N

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

6. (b) Name of husband or wife

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

7. Birth date of deceased December (Month) 8 (Day) 1858 (Year)

8. AGE: Years 87 Months 3 Days 19 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Elijah Dean
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Don't Know
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frank H. Thompson
(b) Address Rich Hill, Mo. R#3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 29 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Calloway Cemetery

18. (a) Signature of funeral director Terry Funeral Home
(b) Address Nevada, Missouri

19. (a) 4-4-46 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27
year 1946 hour 12 minute M.

21. I hereby certify that I attended the deceased from May, 1945 to Mar 6, 1946
that I last saw him alive on Mar 6, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive cardio-renal disease	
Due to General arteriosclerosis	
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 0

23. Signature F L Martin (M. D. or other)
Address Nevada Date signed

531

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 4-46-461
Date Filed 5-15-46

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 me

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

working under my personal supervision.

Signed L B Ferry

Licensed Embalmer No. 1960

P. O. Address Nevada 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.