

S. No. 2
M-8-43
7-5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED Oct 7 1946

STANDARD CERTIFICATE OF DEATH

State File No. **29891**

Registration District No. **82**

Primary Registration District No. **3017**

Registrar's No. **258**

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:
At Home, 613 LeRoy St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community **All of life.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Cooper** **27**
 (c) City or town **Boonville**
(If outside city or town limits, write "RURAL") **1**
 (d) Street No. **613 LeRoy St.** **21**
(If rural, give location) **0**
 (e) Citizen of foreign country? **No** (Yes or No) **0**
 If yes, name country _____

3. (a) PRINT FULL NAME **Mrs. Kate Dedrick.**
 (b) If veteran, name war _____
 (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept.** day **20**
 year **1946** hour **12** minute **35** p. **M.**

4. Sex **Female** **5. Color or race** **White**
6. (a) Single, widowed, married, divorced **Widowed**
(b) Name of husband or wife **Ira Dedrick.** **(c) Age of husband or wife if alive** **years**
7. Birth date of deceased **June 25th 1869**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **June 1942** 19 **to** **Sept 20** 19 **46**
 that I last saw her alive on **Sept 20** 19 **46**
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	77	3	24	hr. _____ min. _____

Immediate cause of death **Cerebral Apoplexy**
 Duration **1 week**

9. Birthplace **Missouri** **0**
(City, town, or county) (State or foreign country)

Due to **Hypertension**

10. Usual occupation **Housewife.**

Due to **Arteriosclerosis & Diabetes**

11. Industry or business **At home.**

Other conditions **None**
(Include pregnancy within 3 months of death)

MOTHER FATHER
12. Name **Columbe Callahan**
13. Birthplace **Unknown.** **9**
(City, town, or county) (State or foreign country)
14. Maiden name **Sarah Stephens.**
15. Birthplace **Cooper County, Missouri.** **0**
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy **61**
PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Louis L. Mahoney.**
(b) Address **Boonville, Mo.**

22. If death was due to external causes, fill in the following:

17. (a) Burial **(b) Date thereof** **Sept. 20th / 46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Place: burial or cremation **Walnut Grove Cemetery**

(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? _____

18. (a) Signature of funeral director **Goodman & Hollet**
(b) Address **Boonville, Mo.**

While at work? _____ **(Specify type of place)** _____
(e) Means of injury _____

19. (a) 9-24-46 **(b) Calay Morris**
(Date received local registrar) (Registrar's signature)

23. Signature **M L Dedrickson** **(M. D. or other)** **M.D.**
Address **Boonville Mo** **Date signed** **9/24/46**

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

28727

71

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 10-8-46

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 _____

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

Signed _____

G. F. Bolles

Licensed Embalmer No. _____

3062

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.