

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20197

Registration District No. 42

Primary Registration District No. 5133

Registrar's No. 840

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Rural Marion Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rural R. #2, Easton, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Not
(Specify whether
In this community 14 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //
(c) City or town Rural, Easton 0
(If outside city or town limits, write "RURAL")
(d) Street No. Rural R. #2 Easton, Mo. 0
(If rural, give location)
(e) Citizen of foreign country? No. 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Eugene Dewey

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth Dewey 6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased January 15 1855
(Month) (Day) (Year)

8. AGE: Years 92 Months 5 Days 23 If less than one day
hr. min.

9. Birthplace Near Eldon, Illinois /
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Farming

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence Dewey

(b) Address R.R. #2 Easton, Missouri.

17. (a) Burial (b) Date thereof July 10, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) July 11, 1947 (b) E. B. Jenkins
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month July day 8th
year 1947 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 8, 1947, to July 8, 1947,
that I last saw him alive on July 8, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 3 years.

Due to.....
Due to.....
Other conditions neuropathic 5 years.
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: 131B
Of operations.....
Of autopsy.....
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?

While at work? (Specify type of place) (e) Means of injury 2
23. Signature J. M. Austin (M. D. or other) DO.
Address Stewartville, Mo. Date signed 7/10/47.

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

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 *Albert C. Harrington*
Licensed Embalmer No. 3258 Missouri.
P. O. Address St. Joseph, 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.