S. No. 2
M—5-43
5-17-39
1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21598

Registration District No. 206 Primary Registration District No. 57 #4 Registrar's No. 11

1. PLACE OF DEATH:
(a) County Madison
(b) City or town "Rural" - Castor
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R#2, Fredericktown, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
In this community 66 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Madison
(c) City or town "Rural" - Castor
(If outside city or town limits, write "RURAL")
(d) Street No. Route #2,
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Julia Ellen Dees
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ben Dees
6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased Dec. (Month) 19, (Day) 1880 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	5	26	hr. min.

9. Birthplace Madison Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business None
FATHER
12. Name Columbus Boyer
13. Birthplace Madison Co. (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Julia Thorp
15. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Ben Dees
(b) Address R#2, Fredericktown, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation Paterson Cemetery R#2, Fredericktown, Mo.
18. (a) Signature of funeral director Sam Dajin, Jr.
(b) Address Fredericktown, Mo.
19. (a) 6-17-1947 (Date received local registrar) (b) Florence Hicks (Registrar's signature) 107

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 15 day June year 47 hour 6 minute 35 P M.
21. I hereby certify that I attended the deceased from 6-12-47, 19, to 6-15-47, 19; that I last saw her alive on 6-15-47, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	4 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

108

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? 0
(Specify type of place)
While at work — (e) Means of injury —
23. Signature H E Brunner (M. D. or other)
Address Fredericktown Mo Date signed 6/17/47

(Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 4

District File Number 6-4-2-8-4-9

Date Filed 6-24-47

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 Sam Najim, Jr.

Licensed Embalmer No. 4299

P. O. Address Fredericktown, 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.