

FILED OCT 27 1947
Registration District No. **170**

Primary Registration District No. **3032**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Laclede

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

(c) Name of hospital or institution: 228 Harwood
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community 13 years

3. (a) PRINT FULL NAME PEARL BELL DEAN

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F / 5. Color or race W

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

6. (b) Name of husband or wife C. M. Dean

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

7. Birth date of deceased August 1901
(Month) (Day) (Year)

8. AGE: Years 46 Months 1 Days 15 If less than one day hr. _____ min.

9. Birthplace Bloodland, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Lewis Williams

13. Birthplace Texas County, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Anna Lewis

15. Birthplace Pulaski County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Lester Dean

(b) Address Lebanon, Mo.

17. (a) Burial (b) Date thereof 10/8/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lebanon Cemetery

18. (a) Signature of funeral director Palmer's

(b) Address Lebanon, Mo.

19. (a) Oct 18, 1947 (b) Chas Frankenburg
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede

(c) City or town Lebanon
(If outside city or town limits, write "RURAL")

(d) Street No. 228 Harwood
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 5
year 1947 hour 10 minute _____ P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Strangulation

Due to Hanging

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration _____

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) Suicide

(b) Date of occurrence Oct. 5, 1947

(c) Where did injury occur? Lebanon Laclede Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? No (Specify type of place) (e) Means of injury Rope

Signature Chas Frankenburg Coroner 3
(M. D. or other)

Address Lebanon, Mo. Date signed 10/6/47

Received .. 10/25/47

Laclede County Health Unit

File No. .. 10/47/168

Date Filed .. 10/25/47

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 S. P. Palmer

Licensed Embalmer No. 2208

P. O. Address Lebanon

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.