

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 15 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. 336 Primary Registration District No. 4493

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

1. PLACE OF DEATH:
(a) County Shannon
(b) City or town Birch Tree
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 66 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Shannon / 01
(c) City or town Birch Tree
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John A. Dean
3. (b) If veteran, _____ 3. (c) Social Security
_____ name war _____ No. _____

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Carrie A. Dean
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased March 30 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 6 20 _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name W. B. Dean

13. Birthplace Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Susan E. Bradley

15. Birthplace Birch Tree Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Carrie Dean

(b) Address Birch Tree, Mo.

17. (a) Burial (b) Date thereof Oct 24-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Forest Cemetery

18. (a) Signature of funeral director Duncan Funeral Home

(b) Address Mountain View, Mo

19. (a) 11-23-47 (b) W. B. Dean
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20
year 1947 hour 5 minute 30 p. M.

21. I hereby certify that I attended the deceased from _____ 19____
that I last saw him alive on about Oct 10 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Indigestion Duration 1 hr

Due to _____

Due to _____

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

Major findings: _____

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 R. J. Davis (M. D. or other)

Address Birch Tree, Mo Date signed 11/25/47

RECEIVED

License No. 5,
District No. 12476.99
Date Filed 2-13-47

and registered with the State

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 *Joe B. Duncan*
Licensed Embalmer No. *4325*
P. O. Address *Monteview, 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.