

S. No. 2  
M-5-43  
v. 5-17-39  
P I X36671

**FILED SEP 5 1947**  
Registration District No. 336

Primary Registration District No. 6170

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

1. PLACE OF DEATH:

(a) County Shannon  
(b) City or town Bartlet  
(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 3 months  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Shannon  
(c) City or town Bartlet  
(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 Eugene Lucian DePressles

3. (b) If veteran, name war World War I 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Molly DePressles  
6. (c) Age of husband or wife if alive 40 years  
7. Birth date of deceased June 25 1894  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>		<u>12</u>	hr. _____ min. _____

9. Birthplace La Ciatat France  
(City, town, or county) (State or foreign country)

10. Usual occupation Chief

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Eugene L DePressles  
13. Birthplace France  
(City, town, or county) (State or foreign country)  
14. Maiden name D'Artagnan  
15. Birthplace France  
(City, town, or county) (State or foreign country)

16. (a) Informant Carol DePressles  
(b) Address Bartlet, Mo.

17. (a) Burial (b) Date thereof 7-7-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mtn View Cemetery

18. (a) Signature of funeral director Duncan Funeral home  
(b) Address Mountain View, Mo

19. (a) 9-11-47 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6  
year 1947 hour 2 minute 8 A. M.  
21. I hereby certify that I attended the deceased from July 5  
1947 to July 6 1947  
that I last saw him alive on July 6 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular insufficiency  
Duration 3 1/2 hrs

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

4. \_\_\_\_\_ (Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature R. I. Davis (M. D. or other) \_\_\_\_\_  
Address Burch Tree Mo Date signed 8/7-47

RECEIVED

District #

Order No. 5,

District

847440

Date Filed

8-30-47

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

*Joe B. Duncan*

Licensed Embalmer No. 4325

P. O. Address *Mtn. View, 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.