

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 8 1943

Registration District No. 222

Primary Registration District No. 4333

Registrar's No.

1. PLACE OF DEATH:

(a) County Moniteau Co.
 (b) City or town Clarksburg, Mo. *2nd*
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Clarksburg, Mo.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community Life
 years, months or days)

3. (a) PRINT FULL NAME Annie R. Dexhamier

3. (b) If veteran, name war. No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife J.A. Dehamier 6. (c) Age of husband or wife if alive 77 years
 7. Birth date of deceased May 12 1864
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 9 5 _____ hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business

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

16. (a) Informant J. A. Dehamier
 (b) Address Clarkburg Mo
 17. (a) Burial (b) Date thereof Feb. 19. 43
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Sappington Cemt

18. (a) Signature of funeral director Bowlin Funeral Home
 (b) Address California, Mo.

19. (a) Feb 19 - 1943 (b) Jennie M. Needels
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
 (c) City or town Clarksburg, Mo.
 (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 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17
 year 1943 hour 11 minute 30 M.

21. I hereby certify that I attended the deceased from Feb 6
 1943 to Feb 17 1943
 that I last saw her alive on Feb 6 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Intra cranial hemorrhage. Duration 16 months

Due to Chronic Cardio-vascular disease with hypertension
 Due to 9 30 2 years.

Other conditions (Include pregnancy within 3 months of death)
Left hemiplegia for 2 years
 Major findings: none
 Of operations

Of autopsy none

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)
 (c) Means of injury

23. Signature E. A. Little (M. D. or other)
 Address California Mo Date signed 2/19/43

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

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MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-1-43

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.