

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

19317
 Do not use this space.

REC'D JUN 17 1938

1. PLACE OF DEATH
 (a) County Ray Registration District No. 744
 (b) Township Richmond Primary Registration District No. 3035
 (c) City Richmond (d) Street No. _____ Registered No. 139
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Mary D. Dale 400
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF M. B. Dale
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-26-1865
 7. AGE YEARS 73 MONTHS 2 DAYS 6 IF LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Duties
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) Richmond (STATE OR COUNTRY) Mo.
 FATHER 13. NAME M. G. Dale
 14. BIRTHPLACE (CITY OR TOWN) Richmond (STATE OR COUNTRY) Mo.
 MOTHER 15. MAIDEN NAME Mary E. Martin
 16. BIRTHPLACE (CITY OR TOWN) Rayville (STATE OR COUNTRY) Mo.
 17. INFORMANT C. M. Dale (ADDRESS) Richmond Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Todd Chapel DATE May 6 1938
 19. FUNERAL DIRECTOR E. Thurman (ADDRESS) Richmond Mo.
 20. FILED 5-6 1938 May 3. Mc Donald Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4 1938
 22. I HEREBY CERTIFY, That I attended deceased from 4-11-37, 19____, to 5-4-38, 19____.
 I last saw h. or alive on 5-4-38, 19____. Death is said to have occurred on the date stated above, at 12:00 p. m.
 The principal cause of death and related causes of importance were as follows:
Intestinal Obstruction Date of onset 5-2
Carcinoma of Sigmoid ?
 Other contributory causes of importance: 46"
 Name of operation Colostomy Date of 4-16-37
 What test confirmed diagnosis? Phy Ex Was there an autopsy? NO
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify _____
 (Signed) Dr. J. C. ..., M. D.
 (Address) Richmond, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)