AUG 12 1939

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

25276
Do not use this space.

1. PLACE OF DEATH
(a) County Cape Gir 3 Registration District No. 125
(b) Township " " Primary Registration District No. 3009 Registered No. 238
(c) City " Cape G 1 (d) Street No. Jackson Road St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. 3 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Dale Wilbur Mouser
(a) Residence, No. Cape Girardeau Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Mall
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF ~~MARRIED~~, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Edith Mouser
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3-1917
7. AGE YEARS 22 MONTHS 3 DAYS 28 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glen Allen Missouri O

FATHER
13. NAME A. J. Mouser O
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glen Allen Mo. O

MOTHER
15. MAIDEN NAME Ida Sawyer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glen Allen Mo.

17. INFORMANT (ADDRESS) A. J. Mouser Millersville

18. BURIAL, CREMATION, OR REMOVAL
PLACE Glen Allen Mo DATE 7-2-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Sanborn Funeral Home Cape Girardeau, Mo.

20. FILED 7-1-1939 J. M. Thompson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-1-1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.
The principal cause of death and related causes of importance were as follows:

Date of onset

O. E. R. Trickey Coroner of Cape County and Randol Poynter after having the evidence given in the case and consulting the Dr the Dr Opinion is that the deceased Dale Wilbur Mouser, came to his death from a Heart Failure

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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 July 1, 1939
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? .....
If so, specify .....
(Signed) E. R. Trickey Coroner 4 M.D.
(Address) 4 S. Pacific St Cape Gir Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

X14028

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, ...

W H Estes, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed W H Estes

Licensed Embalmer No. 3568

P. O. Address Cape Gir 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, above space should be left blank.