

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

36351

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
 (b) Township Jasper Primary Registration District No. 2002 Registered St. John's Hospital
 or Jasper
 (c) City Jasper (d) Street No. St. John's Hospital 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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 831 Pichee 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mildred Hale (OR) WIFE OF Mildred Hale

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24 1917

7. AGE YEARS 21 MONTHS 9 DAYS 8 If LESS than 1 day, hrs. or min.

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. Carpenter
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Alba (STATE OR COUNTRY) Missouri

13. NAME Samuel R. Dale

14. BIRTHPLACE (CITY OR TOWN) Alba (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Maudie Heberling

16. BIRTHPLACE (CITY OR TOWN) Purcell (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Mildred Hale (ADDRESS) Russell City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Friends Cemetery DATE Dec 3 1939

19. FUNERAL DIRECTOR (NAME) W. B. CITY UNDERTAKING CO. (ADDRESS) Russell City, Mo.

20. FILED 10-2-39 Ed B. James Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 2 1939

22. I HEREBY CERTIFY, That I attended deceased from

....., 19..... to, 19.....
 I last saw him alive on ins. dead Oct. 2, 1939 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:

Gunshot by revolver in head
 Date of onset 10/2/39

Other contributory causes of importance:
Two shots - head and shot - right arm

Name of operation none Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Post mortem

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? suicide Date of injury 10/11/39

Where did injury occur? Carroll, Oklahoma
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Abandoned mill

Manner of injury gun shot

Nature of injury Two shots - head & in jaw

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify.....

(Signed) A. W. Winchester, M. D.

(Address) Jasper, 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.

NOV 24 1939

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RECEIVED

District Health Officer No. 6,

District File Number 1139-2252

Date Filed NOV 9 1939

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 myself

....., Registered Apprentice No.....

working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Webb City, 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.