

JAN 12 1940

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

42881
Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 89
 (b) Township _____ Primary Registration District No. 3007
 (c) City Poplar Bluff, Mo. (d) Street No. Office of Dr. B. J. Macauley 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 Ema Luella Dale

(a) Residence, No. Butler County, 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 21, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 0 14

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

12. BIRTHPLACE (CITY OR TOWN) Butler County, Missouri

13. NAME Eugene Wells Dale

14. BIRTHPLACE (CITY OR TOWN) Fredericktown, Missouri

15. MAIDEN NAME Virginia Matthews

16. BIRTHPLACE (CITY OR TOWN) Bullinger County, Missouri

17. INFORMANT Eugene Dale
 (ADDRESS) Butler County, Missouri

18. BURIAL, CREMATION, OR REMOVAL Shiloh Cemetery
 PLACE Butler Co., Mo. DATE Dec. 6, 1939

19. FUNERAL DIRECTOR (NAME) Frank Und. Co.
 (ADDRESS) Poplar Bluff, Mo.

20. FILED 12/7 1939 Obitinger
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-5 1939

22. I HEREBY CERTIFY, That I viewed deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

Diphtheria

Date of onset 12/1-39

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 _____, 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? 4

If so, specify _____
 (Signed) Greenway Green, Co. Registrar

(Address) Poplar Bluff, 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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

B. J. Brantlinger

Registered Apprentice No. *208*, working under my personal supervision.

Signed

Scott A. Colwell

Licensed Embalmer No.

3567

P. O. Address

Poplar Bluff, 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.