

FILED MAR 14 1940

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

6051  
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan 2 Registration District No. 83  
 (b) Township Crawford 0 Primary Registration District No. 5124  
 (c) City ..... (d) Street No. .... 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 William Richard Dallas  
 (a) Residence, No. Facutt, Mo. 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

3. SEX Male 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 Mrs. Annie Dallas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12, 1876

7. AGE YEARS MONTHS DAYS If less than 1 day, hrs. or min.  
63 11 23

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer

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) (STATE OR COUNTRY) Buchanan County Missouri

13. NAME John Dallas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 11

17. INFORMANT Sarah Dallas (ADDRESS) Facutt, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Facutt Cemetery DATE March 7, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Sullivan Facutt, Mo.

20. FILED 3/6 19 40 W. H. Sullivan Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5, 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1939 to March 5th, 1940  
 I last saw him alive on Feb 25, 1940 Death is said to have occurred on the date stated above, at 5:10 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Myocarditis (Chronic)  
and fatal embolism

Other contributory causes of importance: ADW

Name of operation None Date of .....  
 What test confirmed diagnosis Path. etc. 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) W. H. Sullivan, M. D.  
 (Address) Facutt, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

30M-9-19-38 I X16603

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.

RECEIVED  
District Health Officer No. 11,  
District File Number 340-315  
Date Recd. MAR 12 1940

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,  by \_\_\_\_\_  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

*H. A. Sullivan*

Licensed Embalmer No.

1728

P. O. Address

Gower, 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.