

JUN 20 1940 334
Registration District No.

Primary Registration District No. 5465

State File No.

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Harrison
(b) City or town Bethany Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Harrison Co. Home 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 weeks
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME George Henry Dale 400
3. (b) If veteran, name war _____ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Betty Dale Dec 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 17 1860
(Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Libana Ind. I.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER
12. Name Thos. E. Dale
18. Birthplace Ind. I.
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Hendrix
15. Birthplace Ind. I.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature G. H. Dale

(b) Address Bethany Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 26 1940
(Month) (Day) (Year)

(c) Place: burial or cremation Miriam Cemetery

18. (a) Signature of funeral director Jul. E. Wheeler

(b) Address Bethany Mo

19. (a) 5-2-40 (Date received local registrar) (b) A. H. Westling (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison
(c) City or town Bethany
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25
year 1940 hour 2 minute 30 AM.

21. I hereby certify that I attended the deceased from 1-18, 1940, to Apr. 25, 1940
that I last saw him alive on 1-18, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy Duration minutes

Due to Generalized Arterio Sclerosis 10%

Due to Senility

Other conditions Senile dementia
(Include pregnancy within 3 months of death)

Major findings: Of operations ✓ gfr

Of autopsy ✓

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 302

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature A. H. Westling (M. D. or other) !

Address Bethany Mo Date signed 5-2-40

RECEIVED

District Health Officer No. 11,

District File Number 640-878

Date Filed ~~JUN 11 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, or by.....

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

working under my personal supervision.

Signed Joe E. Wheeler

Licensed Embalmer No. 3512

P. O. Address Bethany Md

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.