DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6455

MAR 11 1941

Registration District No. 89 — Primary Registration District No. 5131 — Registrar's No. 94

1. PLACE OF DEATH:

(a) County BUTLER

(b) City or town RURAL (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: — (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUTLER

(c) City or town RURAL (If outside city or town limits, write "RURAL")

(d) Street No. 3 Mi So HENDRICKSON MO (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME SAMUEL FRANCIS DARE

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 MARRIED

6. (b) Name of husband or wife PARLEE DARE

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased OCT (Month) 30 (Day) 1859 (Year)

8. AGE: Years 81 Months 3 Days 25 If less than one day ___ hr. ___ min.

9. Birthplace MT VERNON (City, town, or county) / ILL (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name WILLIAM DARE
13. Birthplace (City, town, or county) / ILL (State or foreign country)

MOTHER
14. Maiden name SARAH EDWARDS
15. Birthplace (City, town, or county) / ILL (State or foreign country)

16. (a) Informant's own signature David Dare

(b) Address Gen Del Poplar Bluff Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB 26-1941 (Month) (Day) (Year)

(c) Place: burial or cremation BLACK CREEK CEM

18. (a) Signature of funeral director NT Phelps CU

(b) Address Poplar Bluff Mo

19. (a) 2/27/41 (Date received local registrar) (b) Kate Lutz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 25 year 1941 hour 12 minute NOON M.

21. I hereby certify that I attended the deceased from April 29, 1939, to Feb 25, 1941 that I last saw him alive on Feb 13, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J Lee Harwell (M. D. or other)

Address Poplar Bluff Mo Date signed 2/27/41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Rev. 5-17-39 I X19511

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was NOT embalmed by me, or by.....

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

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.