

Dr. Featonby 11577

FILED APR 9 1941

State File No. _____

Registration District No. 657

Primary Registration District No. 4388

Registrar's No. 74

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Couthouseville Mo.
(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 10 years. years, months or days

3. (a) PRINT FULL NAME Dr. John Albert Dale

8. (b) If veteran, name war none 8. (c) Social Security No. none

4. Sex Male 5. Color or race white
6. (b) Name of husband or wife Maud Dale 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased 5 17 1884
(Month) (Day) (Year)

8. AGE: Years 56 Months 9 Days 28 If less than one day hr. _____ min. _____

9. Birthplace Dutton Co. Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Chiropractor

MOTHER FATHER { 12. Name John S. Dale
13. Birthplace Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Mary Cavanaugh
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maud Dale

(b) Address Couthouseville Mo.

17. (a) Burial (Burial, cremation, or other) (b) Date thereof 3-12-1941
(Month) (Day) (Year)

(c) Place: burial or cremation Maple Cemetery

18. (a) Signature of funeral director H. S. Smith

(b) Address Couthouseville Mo.

19. (a) March 11, 1941 (Date received local registrar) (b) Ada Martin (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
(c) City or town Couthouseville Mo.
(If outside city or town limits, write "RURAL")
(d) Street W. 6th + Ferguson
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 10
year 1941 hour 5 minute 0 P. M.

21. I hereby certify that I attended the deceased from Sept 1940 to March 10 1941;
that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Progressive Muscular Paralysis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 4 1/2

Major findings: Of operations _____
Of autopsy _____

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? 585

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

23. Signature M. L. Luman (M. D. or other) _____
Address Couthouseville Mo. Date signed 3-12-41

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

4-41-9

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.