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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAR 9 1942

Primary Registration District No. 40965229

Registrar's No. 4

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

1. PLACE OF DEATH: Cedar  
 (a) County: Cedar  
 (b) City or town: RURAL - Benton Twp.  
 (c) Name of hospital or institution: /  
 (If not in hospital or institution, write street number of location)  
 (d) Length of stay: In hospital or institution. \_\_\_\_\_  
 In this community \_\_\_\_\_  
 years, months or days

3. (a) PRINT FULL NAME: Rebecca J Dial  
 3. (b) If veteran, name war: /  
 3. (c) Social Security No.: none

4. Sex: female  
 5. Color of race: white  
 6. (a) Single, widowed, married, divorced: Widowed  
 6. (b) Name of husband or wife: James Dial  
 6. (c) Age of husband or wife if alive: Decd. years  
 7. Birth date of deceased: July 16 1852  
 (Month) (Day) (Year)

8. AGE: Years 89 Months 7 Days 4  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Jackson County Tenn  
 (City, town, or county) (State or foreign country)

10. Usual occupation: housewife

11. Industry or business: \_\_\_\_\_

MOTHER { 12. Name: Ruben Hagar  
 13. Birthplace: Tenn  
 14. Maiden name: Unknown  
 15. Birthplace: Unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant: Lee Dial

(b) Address: Eldorado Springs Mo. R. 3

17. (a) Burial (b) Date thereof: 2-22-42  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Wright Cemetery

18. (a) Signature of funeral director: Elmer Siders

(b) Address: Eldorado Springs Mo

19. (a) Feb. 26, 1942 (b) J. B. Richter  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State: MISSOURI (b) County: CEDAR  
 (c) City or town: RURAL  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month: Feb day: 19  
 year: 1942 hour: 10 minute: P M.  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw her alive on Feb 19, 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Failure  
 Duration: 5 da.

Due to: Hypertension yrs.

Due to: \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death): \_\_\_\_\_

Major findings: Of operations: 102  
 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:

(e) 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury: /

23. Signature: Wm. B. Richter (M.D. or other)

Address: Eldorado Springs Mo. Date signed: 2-24-42

RECEIVED

District Health Officer No. 7,

District File Number 3-42-162

Date Filed 3-4-42

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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. 2034

P. O. Address Edwards Springs, N.

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, fact should be so stated above.