

FILED MAY 4 1942/3

Registration District No. _____

Primary Registration District No. 7130 74 2

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town "Rural" Cullen Township
(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 11 Months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski 85
(c) City or town Rural - Cullen Township 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 19
year 1942 hour 3 minute 50 p. m.
21. I hereby certify that I attended the deceased from
4-17- 1942 to 4-19-42 19_____
that I last saw h. u alive on 4-17- 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Bronchial Pneumonia
Duration _____
Due to _____
Due to Cirrhosis of Liver 15 yr.
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?

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature W. Muller M.D. (M. D. or other) _____
Address Waynesville Mo. Date signed _____

3. (a) PRINT FULL NAME Alice Ida Dabbs
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Wallace Dabbs 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Dec. 19, 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 4 0 _____ hr. _____ min.

9. Birthplace Freeman Springs, Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER { 12. Name James Polk Holmes
13. Birthplace Ark. (State or foreign country)
14. Maiden name Mary Elizabeth Scott
15. Birthplace Carthage, Mo. (State or foreign country)

16. (a) Informant Mrs. Bessie Burkhart

(b) Address Waynesville, Mo.

17. (a) Burial (b) Date thereof 4/21/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Iduma Cem.

18. (a) Signature of funeral director J. L. Hoops & Sons

(b) Address Crocker, Mo.

19. (a) 4-21-1942 (b) Chas M. Oodd
(Date received local registrar) (Registrar's signature)

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

35
00

RECEIVED

Pulaski County Health Officer

File Number 442-131

Date Filed 4-30-42

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 Paul B. Hooper

Licensed Embalmer No. 3261

P. O. Address Waymire, 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, fact should be so stated above.