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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUL 16 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

21183

State File No. \_\_\_\_\_  
Registrar's No. 439

Registration District No. 318

Primary Registration District No. 5440

1. PLACE OF DEATH:  
(a) County GREENE  
(b) City or town Springfield Rural Campbell Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Springfield Route # 9  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 30 years (Specify whether \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Greene  
(c) City or town Springfield Rural Campbell  
(If outside city or town limits, write "RURAL")  
(d) Street No. Springfield Route # 9  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM SAMUEL DASHNEY

MEDICAL CERTIFICATION

3. (b) If veteran, name war No

20. DATE OF DEATH: Month June day 12th year 1942 hour 12:30 minute P. M.

3. (c) Social Security No. Unknown

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him alive dead 6-13-42 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Edna Dashney  
6. (c) Age of husband or wife if alive 62 years

Immediate cause of death: Thrombosis, Coronary  
Duration not known

7. Birth date of deceased: April 1, 1867  
(Month) (Day) (Year)

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

8. AGE: Years 75 Months 2 Days 11  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

9. Birthplace: Memphis, Tennessee  
(City, town, or county) (State or foreign country)

Major findings: Of operations g.f.a.  
Of autopsy \_\_\_\_\_

10. Usual occupation Stove Molder, retired.

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? \_\_\_\_\_

11. Industry or business Woods Evertz Stove Co.

12. Name Joseph Dashney  
13. Birthplace Unknown Canada  
(City, town, or county) (State or foreign country)

14. Maiden name Amelia Burke  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wm. S. Dashney  
(b) Address Springfield, Mo. Rt. # 9

17. (a) Burial (b) Date thereof 6/14/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director Fred C. Thieme  
(b) Address Springfield, Mo.  
19. (a) 6/13/42 (b) S. W. Hambrick  
(Date received local registrar) (Registrar's signature)

23. Signature James R. Cross (M. D. or other) \_\_\_\_\_  
Address Springfield, Mo. Date signed 6-15-42

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

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JUL 23 1942

982 (Licensed Embalmer's Statement on Reverse Side) Greene Co. Health Dept

JUL 22 1942

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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. 3681

P. O. Address Springfield, 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.**

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