

No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41196

FILED JAN 11 1943 3
Registration District No. _____

Primary Registration District No. 5684

Registrar's No. 75

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

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Clay 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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn

(c) City or town (Rural) Clay Township
(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.? 0 years.

3. (a) PRINT FULL NAME Riley E. Dail

3. (b) If veteran, name war XXXXXXXXXX

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 Sallie B. Dail

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased April 10 1856
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>7</u>	<u>20</u>	hr. _____ min.

9. Birthplace Linneus Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business XXXXXXXXXXXX

MOTHER FATHER { 12. Name Joseph O. Dail

13. Birthplace XXXXXXXXXX Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Phillips

15. Birthplace XXXXXXXXXX XXXXXXXXXXXX
(City, town, or county) (State or foreign country)

16. (a) Informant Vern Lee Dail

(b) Address Linneus, Missouri

17. (a) Burial (b) Date thereof 12/2/1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F.? Linneus, Mo

18. (a) Signature of funeral director Thorne H. Hudson

(b) Address Linneus, Missouri

19. (a) 14-7-43 (b) Thorne H. Hudson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30th
year 1942 hour 7 minute a. M.

21. I hereby certify that I attended the deceased from Nov 23
1942 to Nov 30, 1942

that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Block Duration 1 week

Due to Palatation of heart 1 year

Due to Valvular insufficiency 2 yrs

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 95a

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 CV

23. Signature Mark H. Roads (M. D. or other) _____

Address Brookfield, Mo. 12/1 Date signed 12/2-42

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:

David A. Taylor

Licensed Embalmer No.

3761

P. O. Address

Linneus, 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.