

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 13 1943

Registration District No. 13743

Primary Registration District No. 4216

Registrar's No. 32

## 1. PLACE OF DEATH:

- (a) County HENRY  
 (b) City or town CALHOON  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution. (Specify whether

In this community 40 days  
years, months or days)3. (a) PRINT FULL NAME ALFRED DADY JR.

3. (b) If veteran. name war. 3. (c) Social Security No. ....

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced. M

6. (b) Name of husband or wife.
- ADA CLARK DADY
6. (c) Age of husband or wife if

alive 67 years7. Birth date of deceased SEPTEMBER 1, 1865

(Month) (Day) (Year)

8. AGE: Years 77 Months 3 Days 17 If less than one day  
hr. min.

9. Birthplace Ringold County, Iowa  
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business.

12. Name Alfred Dady, Jr.13. Birthplace Iowa  
(City, town, or county) (State or foreign country)14. Maiden name Elizabeth Gale15. Birthplace Iowa  
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Alta Tichel(b) Address Forter mo17. (a) ✓ (Burial, cremation, or removal) (b) Date thereof 12-20-42  
(Month) (Day) (Year)(c) Place: burial or cremation Forter18. Signature of funeral director Booth(b) Address Rich Hill, Mo19. (a) Jan 4, 1943 Georgia Kitchen

(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Henry  
 (c) City or town Calhoon  
 (If outside city or town limits, write "RURAL")

(d) Street No. .... (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18  
year 1942 hour 5:40 minute 00 P. M.21. I hereby certify that I attended the deceased from 5:30 P.M.  
Dec. 18 1942 to 5:40 P.M. 1942that I last saw him alive on Dec. 18 1942

and that death occurred on the date and hour stated above.

Immediate cause of death cerebral embolism

Duration

Due to

Due to

Other conditions.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

PHYSICIAN

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

23. Signature Charles Lachs (M. D. or other)Address Calhoon, Mo Date signed 12-18-42

FEB 24 1943  
FEB 23 1943

RECEIVED  
District Health Officer No. 7,  
District File Number 1-43-110  
Date Filed 2-8-43

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 John H. Underwood  
Licensed Embalmer No. 3585  
P. O. Address Butler 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.