

S. No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LED MAR 16 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11722

State File No. _____

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 8

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

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
At home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether years, months or days)
In this community

3. (a) PRINT FULL NAME Alfred William Dishaw Jr.
Alfred William Dishaw Jr.

8. (b) If veteran, name war
8. (c) Social Security No. None

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

6. (b) Name of husband or wife
6. (c) Age of husband or wife If alive years

7. Birth date of deceased Dec 5 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 2 8 hr. min.

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

10. Usual occupation None

11. Industry or business

12. Name Alfred William Dishaw

13. Birthplace Greeley Nebraska
(City, town, or county) (State or foreign country)

14. Maiden name Clarice William Anderson

15. Birthplace Decatur Nebraska
(City, town, or county) (State or foreign country)

16. (a) Informant Alfred William Dishaw

(b) Address 413 So. Lynn, Nevada Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 13 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Omaha, Nebraska

18. (a) Signature of funeral director Allen W. Beck

(b) Address Nevada Missouri

19. (a) 2-13-43 (Date received local registrar) (b) Hazel B. Beureck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 413 So. Lynn
(If rural, give location)
(e) If foreign born, how long in U. S. A. years.

20. MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13
year 1943 hour 5:00 minute AM

21. I hereby certify that I attended the deceased from 2-1-43
2-1-43 to 2-13-43 1943
that I last saw him alive on 2-12-43 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia due to peroxigen
of Whooping Cough
Due to Whooping Cough
Duration 1 week

Due to _____

Other conditions (Include pregnancy within 3 months of death) 9

Major findings: Of operations _____

Of autopsy _____

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) Means of injury _____

23. Signature W. A. Stuck (M. D. or other) None

Address 2-13-43 Date signed 2-13-43

JAN 21 1948

RECEIVED

District Health Officer No. 7,

District No. Number

Date Filed

2-43-52
3-5-43

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

Allen V. Hoyle

Licensed Embalmer No.

19681

P. O. Address

Nevada, 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, above space should be left blank.