S. No. M—2-43 5-17-39 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 8 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39268

Registration District No. 321 Primary Registration District No. 6684 Registrar's No. 19

1. PLACE OF DEATH:
(a) County SALINE
(b) City or town RURAL BLACKWATER (If outside city or town limits, write "RURAL" and name of township) Township
(c) Name of hospital or institution: None (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether years, months or days) In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Saline 97
(c) City or town Rural, Blackwater Twp (If outside city or town limits, write "RURAL")
(d) Street No. Pipertown on 40 Hi 01 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3. (a) PRINT FULL NAME SAMUEL HUSTON DIAL
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex MALE
5. Color or race White
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ANNA DIAL
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Dec (Month) 25 (Day) 1860 (Year)

8. AGE: Years 82 Months 9 Days 29 If less than one day hr. min.

9. Birthplace SALINE CO (City, town, or county) MO (State or foreign country)
10. Usual occupation FARMER
11. Industry or business
FATHER 12. Name Stephen DIAL
FATHER 13. Birthplace Pettis County (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name MARY DIAL
MOTHER 15. Birthplace Mary unknown (City, town, or county) (State or foreign country)
16. (a) Informant MARTIN DIAL
(b) Address Nelson Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-26-43 (Month) (Day) (Year)
(c) Place: burial or cremation Peaseula Cem
18. (a) Signature of funeral director Ben Short
(b) Address Marshall Mo
19. (a) 11-23-1943 (Date received local registrar) (b) Mrs. W. C. Shackelford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 24 year 1943 hour 1: minute 15 P.M.
21. I hereby certify that I attended the deceased from 9-24, 1942, to 10-5, 1943; that I last saw him alive on 10-5, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration
Due to
Due to
Other conditions Unable to walk (Include pregnancy within 3 months of death)
Caused by fracture
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. W. Hurst M.D. (M. D. or other)
Address Blackwater Mo Date signed 10-26-43

125 5 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number 12-7-43
Date Filed

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: Donald W. Short

Licensed Embalmer No. 3757

P. O. Address Marshall 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.

S. No. 2B
0M—5-43
I X38930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Dec

Registration District No. 321 Primary Registration District No. 6084 Registrar's No. 19

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Rural Blackwater Twp.
(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 (b) County

(c) City or town
(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

3. (a) PRINT FULL NAME Samuel Huston Dial

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

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

7. Birth date of deceased Dec (Month) 25 (Day) 1860 (Year)

8. AGE: Years 82 Months 9 Days 29 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Uremic myocarditis

Due to

Due to

Other conditions Unable to walk
(Include pregnancy within 3 months of death)
caused by leg

Major findings:
Of operations fracture
fracture healed but was never able to walk.
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Death was not due to fall.

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence Sept. 9 - 1942

(c) Where did injury occur? at farm (City or town) Saline (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on farm (Specify type of place)

While at work? yes (e) Means of injury

23. Signature Dr. J. W. Hurst (~~M.D.~~ or other) D.D.

Address Blackwater Mo. Date signed

S-39268