

S. No. 2  
1-9-4-41  
5-17-39  
PI X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **44100**

**FILED JAN 5 1944**  
Registration District No. **362**

Primary Registration District No. **4531**

Registrar's No. **37**

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

1. PLACE OF DEATH:

(a) County **Warren**

(b) City or town **Warrenton**

(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 **18 months** (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: **107**

(a) State **Missouri** (b) County **Warren**

(c) City or town **Warrenton** (If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? **no** (Yes or No) **0**

If yes, name country.

3. (a) PRINT FULL NAME **Robert Leo Dial**

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

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 **April 3, 1932** (Month) (Day) (Year)

8. AGE: Years **11** Months **8** Days **4** If less than one day hr. min.

9. Birthplace **Webster County Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **Student**

11. Industry or business

12. Name **C. M. Dial**

13. Birthplace **Wilson County Kansas** (City, town, or county) (State or foreign country)

14. Maiden name **Mabel Miller**

15. Birthplace **Laclede County Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **Mr. C. M. Dial**

(b) Address **Warrenton, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **12-10-43** (Month) (Day) (Year)

(c) Place: burial or cremation **Marshfield, Mo.**

18. (a) Signature of funeral director **J.W. Weberg & Co.** (b) Address **Warrenton, Mo.**

19. (a) **Dec 18, 1943** (Date received local registrar) (b) **John A. Bebermeyer** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **7** year **1943** hour **5:45** minute **A. M.**

21. I hereby certify that I attended the deceased from **Nov 25** 19**43** to **Nov 25** 19**43** that I last saw him alive on **see H** 19**43** and that death occurred on the date and hour stated above.

Immediate cause of death **acute myocarditis + peri carditis**

Due to **mitigating tuberculosis**

Due to **cholestra-dystrophy**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **2, 2a** Of autopsy

Duration **day**

**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?

While at work (Specify type of place) (b) Means of injury

23. Signature **Herbert H. Schuchert** (M. D. or other) **MD** Address **Marthaeville, Mo** Date signed **12-5-43**

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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, \_\_\_\_\_,  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed

*John Thebing*

Licensed Embalmer No. *3897*

P. O. Address *Warrenton*

**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.**