

FILED MAR 130 1944
Registration District No. 2284

Primary Registration District No. 2000 5463A

Registrar's No. 43

1. PLACE OF DEATH:

(a) County **GREENE**
(b) City or town **STRAFFORD**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R. F. D. # 3 Jackson Twp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
in this community **72 YR.** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Greene 39**
(c) City or town **Strafford**
(If outside city or town limits, write "RURAL")
(d) Street No. **R. F. D. # 3**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **GEORGE L. DISHMAN**

3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **NONE**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**
(b) Name of husband or wife **SARAH LOUISE DISHMAN** 6. (c) Age of husband or wife if alive **62** years
7. Birth date of deceased **July 5 - 1871**
(Month) (Day) (Year)

8. AGE: Years **72** Months **7** Days **9** If less than one day _____ hr. _____ min.

9. Birthplace **Greene Co. Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business **Farming**

12. Name **Logan Madison Dishman**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Julia Ann Kepley**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Sarah Louise Dishman**

(b) Address **Strafford Mo.**

17. (a) **Burial** (b) Date thereof **Feb 17-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Dishman Cem.**

18. (a) Signature of funeral director **J. W. Lingner & Co.**

(b) Address **Springfield Mo.**

19. (a) **Feb. 18/44** (b) **J. P. Island Harrison**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **14**
year **1944** hour **5** minute **45 A.** M.

21. I hereby certify that I attended the deceased from **Dec. 24 1943** to **Feb 7 1944**
that I last saw him **live** on **Feb 7 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Osteomyelitis** Duration **60 years**
Due to _____

Due to _____

Other conditions **154 22**
(Include pregnancy within 8 months of death)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **R. H. Fritch** (M. D. or other) **MD.**
Address **Strafford Mo.** Date signed **2/15/44**

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

39
0
0

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

Roy A. Gaurin

Licensed Embalmer No. *1763*

P. O. Address

Springfield ma

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.