S. No. 2
M—5-42
r. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 9 1944

Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27730

Primary Registration District No. 2000

Registrar's No. 708

37
2
6

1. PLACE OF DEATH:

(a) County: Greene

(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2053 Pierce Ave.
(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: 2 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene 39

(c) City or town: Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No.: 2053 Pierce Ave. 6
(If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME: William J. Dale

3. (b) If veteran, name war: No

3. (c) Social Security No.: UNK.

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widower

6. (b) Name of husband or wife: UNK.

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

7. Birth date of deceased: Jan. (Month) 23, (Day) 1886 (Year)

8. AGE: Years 58 | Months 7 | Days 8 | If less than one day ..... hr. ..... min.

9. Birthplace: Richmond (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation: Painter

11. Industry or business: Painter

MOTHER FATHER

12. Name: J. W. Dale

13. Birthplace: Richmond (City, town, or county) Mo. 0 (State or foreign country)

14. Maiden name: Serelda Robinson

15. Birthplace: Richmond (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant: Carrie Arrington

(b) Address: 2053 Pierce Ave., Spfd., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-2-44 (Month) (Day) (Year)

(c) Place: burial or cremation: Hazlewood

18. (a) Signature of funeral director: J.W. Klingner &Co.

(b) Address: Springfield Mo.

19. (a) 9-1-44 (Date received local registrar) (b) E W Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 31 year 1944 hour 8:00 minute 0 M.

21. I hereby certify that I attended the deceased from Aug 31 1944 to Aug 31 1944 that I last saw h. alive on Aug 31 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Tuberculosis (Pulmonary)	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 13 & 1	
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: 0

23. Signature: [illegible] (M. D. or other)

Address: Spfd., Mo. Date signed: Sept 1/44

484 (Licensed Embalmer's Statement on Reverse Side)

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. Cauin

Licensed Embalmer No. 1763

P. O. Address Springfield 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.