No. 2
1—5-43
5-17-39
I X36671

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. 36713

FILED NOV 28 1945

Registration District No. 19 Primary Registration District No. 5143 Registrar's No. 316

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution: Route #3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 18 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12

(c) City or town Poplar Bluff 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route #3 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Chester Perry Dale

3. (b) If veteran, name war

3. (c) Social Security No. 486-18-9866

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept (Month) 4 (Day) 1886 (Year)

8. AGE: Years 59 Months 1 Days 27 If less than one day ..... hr. ..... min.

9. Birthplace Indiana 1
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Perry Dale
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jane Hartisty
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Oklen Hardin
(b) Address Poplar Bluff, Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Nov 3-45 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director Greer Croy & Fitch
(b) Address Poplar Bluff, Mo.

19. (a) 11/7/45 (Date received local registrar) (b) R H Mintree (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 1
year ~~1845~~ 1945 hour ..... minute P M.

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

	Duration
Immediate cause of death Asphyxiation	
Due to Cardiac failure	
Due to Cardio-vascular renal disease	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 13/0	

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 A. D. Markel M.D. (M. D. or other)

Address Poplar Bluff, Mo. Date signed 11-2-45

1822

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No.
District File Number 1145-330
Date Filed 11-24-45

DEC 1 1945

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 Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff 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:

No. 2B
—3-45
X43880

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. 43 Primary Registration District No. 5143 Registrar's No. 316

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Rural Paplar Bluff 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 Chester P. Dale

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 WIDOWED

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept 4 (Month) 1886 (Day) (Year)

8. AGE: Years 59 Months 1 Days 2 If less than one day hr. min.

9. Birthplace (City, town, or county) Ind. (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) 11/7/45 (Date received local registrar) (b) (RH Nemetree) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Nov day year 1945 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.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

36713