S. No. 2
M—2-43
. 5-17-39
P I X35697

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

12478

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13572

FILED APR 17 1946

Registration District No. 3601 — Primary Registration District No. 3601 — Registrar's No.

1. PLACE OF DEATH:

(a) County: Jasper
(b) City or town: Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 hours (Specify whether years, months or days)
In this community: 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper
(c) City or town: Joplin
(If outside city or town limits, write "RURAL")
(d) Street No.: 315 N. Wall St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: No

3. (a) PRINT FULL NAME: Hiram U. Dale

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: Widower

6. (b) Name of husband or wife: Martha E Dale

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

7. Birth date of deceased: July 4, 1867 (Month) (Day) (Year)

8. AGE: Years 78 | Months 8 | Days 5 | If less than one day: hr. min.

9. Birthplace: Livingston Illinois. (City, town, or county) (State or foreign country)

10. Usual occupation: retired Mine operator

11. Industry or business:

FATHER
12. Name: Jacob F. Dale
13. Birthplace: Livingston Ill. (City, town, or county) (State or foreign country)

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

16. (a) Informant: Elmer H. Dale
(b) Address: 315 N. Wall, Joplin Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-11-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Park Cem.

18. (a) Signature of funeral director: Hurlbut Und. Co.
(b) Address: Joplin Mo.

19. (a) 3-19-46 (Date received local registrar) (b) Bellie Pearson, D.R. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. 9, day 1946
year hour 5-00 P.M. minute M.

21. I hereby certify that I attended the deceased from 1-6-46, 19, to 3-9-46, 19; that I last saw him alive on 3-9-46, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia, hypostatic	1 wk
Due to: Hemiplegia	2 mo
Due to: Cerebral hemorrhage, hypertension	2 yrs.
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: Eugene H. Hamilton (M. D. or other) M.D.
Address: 631 Frisco Bldg. Date signed: 3-11-46

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(Licensed Embalmer's Statement on Reverse Side)

46-3-255

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. Perry T. Hurlbert

Licensed Embalmer No. 959

P. O. Address Joplin, 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.