

S. No. 2  
M-8-43  
v. 5-17-39  
X37823

26732

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED SEP 5 1946

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 100

Primary Registration District No. 5389-4556

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Dent  
(b) City or town Bunker  
(c) Name of hospital or institution: / X  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community most of his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent 33  
(c) City or town Bunker  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? X (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Ashbrook G Dallas

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

4. Sex male 0  
5. Color or race w  
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife: XXXXX  
6. (c) Age of husband or wife if alive X years

7. Birth date of deceased: July 4 1873  
(Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 23  
If less than one day hr. min.

9. Birthplace: Dent Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation: laborer

11. Industry or business: timber

12. Name: Eli Dallas

13. Birthplace: Ill  
(City, town, or county) (State or foreign country)

14. Maiden name: Elizabeth Dallas

15. Birthplace: X X  
(City, town, or county) (State or foreign country)

16. (a) Informant: Herb Dallas  
(b) Address: Bunker Mo

17. (a) burial (b) Date thereof: 8/29/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Logan Creek Cem

18. (a) Signature of funeral director: [Signature]  
(b) Address: Salem Mo

19. (a) 8-29-46 (b) M. D. Hart, M. D. [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27  
year 1946 hour 6 minute 40 A.M.

21. I hereby certify that I attended the deceased from August 26 to August 26-1946

that I last saw him alive on Aug 27/46 and that death occurred on the date and hour stated above.

Immediate cause of death: stroke of paralysis  
Duration: 24 hrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: [Signature]

Of autopsy: \_\_\_\_\_  
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: L. L. Henson (M. D. or other) [Signature]  
Address: Bunker, Mo. Date signed \_\_\_\_\_

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

MOTHER FATHER

DEC 29 1947

REC 10 1946

DEC 9 1947

**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 Carl K. Jensen

Licensed Embalmer No. 0320

P. O. Address Jensen 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:**