

S. No. 2
DM-5-43
v. 5-17-39
X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26717**
Registrar's No. **245**

Registration District No. **25** Primary Registration District No. **4036**

1. PLACE OF DEATH:
(a) County **Bates Co**
(b) City or town **Rich Hill**
(c) Name of hospital or institution: **E. Olive St.**
(d) Length of stay: In hospital or institution _____
In this community **LIFE.**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Bates**
(c) City or town **Rich Hill**
(d) Street No. **E. Olive St.**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **SAMUEL DELLAR**
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 **1**
6. (b) Name of husband or wife **MINNIE DELLAR**
6. (c) Age of husband or wife if alive **73** years
7. Birth date of deceased **MARCH 11 1868**

8. AGE: Years **79** Months **4** Days **30**
If less than one day hr. _____ min. _____

9. Birthplace **IRONTOWN OHIO**

10. Usual occupation **MINER - RETIRED**

11. Industry or business **COAL MINES**

MOTHER FATHER
12. Name **HENRY DELLAR**
13. Birthplace **GERMANY**
14. Maiden name **KATHERINE WIEK**
15. Birthplace **GERMANY**

16. (a) Informant **John Dellar**

(b) Address **Rich Hill, Mo**
17. (a) **BURIAL** (b) Date thereof **Aug. 12, 1947**

(c) Place: burial or cremation **Greenlawn**

18. (a) Signature of funeral director **Bates**
(b) Address **Rich Hill, Mo**

19. (a) **Aug. 12, 1947** (b) **Mrs. Edna Douglas**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **August** day **10**
year **1947** hour **8:55** minute **PM** M.

21. I hereby certify that I attended the deceased from **August 10** to **August 10, 1947**
that I last saw him alive on **August 10, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Respiratory Failure**
Due to **myocardial infarction**
Due to **Apoplexy**

Other conditions (Include pregnancy within 3 months of death) **None**

Major findings: **None**
Of operations _____
Of autopsy _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **2**

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

23. Signature **T. R. ...** (M. D. or other) **DO**
Address **Rich Hill** Date signed **Aug. 12, 1947**

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

720

RECEIVED
District Health Officer No. 7,
District File Number 7-67-1997
Date Filed 8-28-77

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 John G. Underwood
Licensed Embalmer No. 3585
P. O. Address Butler 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.