

S. No. 7
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1702
Registrar's No. 15

Registration District No. 197 Primary Registration District No. 3040

1. PLACE OF DEATH:
(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Chillicothe Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 30 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Livingston
(c) City or town Utica
(If outside city or town limits, write "RURAL")
(d) Street No. XX (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country XX

3. (a) PRINT FULL NAME William Henry Dale
3. (b) If veteran, name war XX
3. (c) Social Security No. XX

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 28
year 1948 hour 2 minute P M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mary E. Dale
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased December 19, 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 25
to Jan 28 1948
that I last saw him alive on Jan 24 1948
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
76 1 9 X hr. X min.

Immediate cause of death Diabetes
coma
Due to Diabetes
Due to _____
Other conditions heart troubles -
(Include pregnancy within 3 months of death) bronchitis

9. Birthplace Livingston Co. Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Laborer Retired
11. Industry or business Utica Brick & Tile

Major findings:
Of operations _____
Of autopsy 61
Duration 3 days
10 pm
5 days
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER {
12. Name William Dale
13. Birthplace XX England
(City, town, or county) (State or foreign country)
14. Maiden name Hanna Welker
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Earl T. Dale
(b) Address Kansas City, Missouri
17. (a) Burial (b) Date thereof 1/30/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Utica cemetery

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? _____

18. (a) Signature of funeral director Ronald F. Louden
(b) Address Chillicothe, Mo.
19. (a) Jan 24/48 (b) Frances O Neill
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury 0
23. Signature G. W. Carpenter (M. D. or other)
Address Chillicothe, Mo. Date signed Jan 28/48

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 *Ronald F. Gordon*

Licensed Embalmer No. *4191*

P. O. Address *Chillicothe, 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.