No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 22 1948

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 16280

Registrar's No. 2043

1. PLACE OF DEATH:

(a) County JACKSON

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

(c) Name of hospital or institution: ST. MARYS HOSP. O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 DAYS (Specify whether years, months or days)

In this community 7 DAYS

2. USUAL RESIDENCE OF DECEASED:

(a) State KANSAS (b) County GREENWOOD 99

(c) City or town EUREKA 14 (If outside city or town limits, write "RURAL")

(d) Street No. O (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 21

If yes, name country NO

3. (a) PRINT FULL NAME MR. ELWIN W. DALES

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife MRS. VIVIAN DALES

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased JULY (Month) 9 (Day) 1884 (Year)

8. AGE: Years ~~62~~ 63 | Months 10 | Days 4 | If less than one day ___ hr. ___ min.

9. Birthplace KANSAS (City, town, or county) / (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business

FATHER 12. Name HENRY A. DALES

FATHER 13. Birthplace NEW YORK (City, town, or county) / (State or foreign country)

MOTHER 14. Maiden name AGNES GRAY

MOTHER 15. Birthplace NEW YORK (City, town, or county) / (State or foreign country)

16. (a) Informant P.F. DALES

(b) Address EUREKA, KANSAS

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 5-13-48 (Month) (Day) (Year)

(c) Place: burial or cremation EUREKA, KS

18. (a) Signature of funeral director STINE & MCCLURE

(b) Address KANSAS CITY, MO.

19. (a) 5-13-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 13 year 1948 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from May 6, 1948, to May 13, 1948, that I last saw him alive on May 13, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death:	Duration
Cerebral hemorrhage	
Due to arterio-sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 8:30	
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) O

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) M. D.

Address 618 Troy Bldg Date signed May 13 1948

(Licensed Embalmer's Statement on Reverse Side)

Herbert Dr. Mantz
1:00 + 3:00
Graff Bldg

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 Robert N Reed

Licensed Embalmer No. 3745

P. O. Address K.C. 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.