

REC'D JUL 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21316

Do not use this space.

1. PLACE OF DEATH
(a) County Boone Registration District No. 764044
(b) Township _____ Primary Registration District No. 5403 Registered No. 8
(c) City Hartsburg, Mo. (d) Street No. Hartsburg, Mo. St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da. 11.00

2. PRINT FULL NAME Rowles W Dally

(a) Residence, No. Hartsburg, Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Mrs Bulah Dally

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 0 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) June 21 1938
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hartsburg, Mo.
Boone Co., Mo.

FATHER
13. NAME Mark Dally
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
15. MAIDEN NAME Ollie
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-18 1938

22. I HEREBY CERTIFY, That I attended deceased from 6/11 1938 to 6/18 1938
I last saw him alive on 6/17 1938 Death is said to have occurred on the date stated above, at 2 A.M.
The principal cause of death and related causes of importance were as follows:
carcinoma of left lung Date of onset _____
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
So, specify 6 P. Megey, M. D.
(Signed) _____ (Address) Hartsburg, Mo.

17. INFORMANT Oma Luck
(ADDRESS) Hartsburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wilton, Mo. DATE June 21 1938

19. FUNERAL DIRECTOR Buesch's Funeral Home
(ADDRESS) Jefferson City, Mo.

20. FILED 7/13/38 1938 Hartsburg, Mo. Local Registrar 7/17

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Victor Buescher, Licensed Embalmer No. 3701

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by, Registered Apprentice No.
working under my personal supervision.

Signed Victor Buescher

Licensed Embalmer No. 3701

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.)