

REC'D JUN 20 1939

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

18989
Do not use this space.

1. PLACE OF DEATH

(a) County Johnson Registration District No. 431
(b) Township 1 Primary Registration District No. 3023 Registered No. 67
(c) City Warrensburg (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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. ds.

2. PRINT FULL NAME

420 Samuel Melton Dalhouse
(a) Residence, No. _____ St. _____
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Stella Dalhouse
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep-26-1861
7. AGE YEARS 77 MONTHS 8 DAYS 0 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grundy Co. Mo.

FATHER 13. NAME Samuel J. Dalhouse
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stanton Va.

MOTHER 15. MAIDEN NAME Martha Suetnam
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bath Co. Ky.

17. INFORMANT (ADDRESS) Virginia Dalhouse Warrensburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Samuel Self DATE May 28 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Dwight S. Miller Warrensburg, Mo.

20. FILED May 27 1939 Ernest Henry Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26 1939
22. I HEREBY CERTIFY, That I attended deceased from Apr 1 1939 to May 26 1939
I last saw him alive on May 26 1939 Death is said to have occurred on the date stated above, at 7:45 a.m.
The principal cause of death and related causes of importance were as follows:

Coronary Artery ?
Other contributory causes of importance: 46

Name of operation _____ Date of _____
What test confirmed diagnosis? Arterial Was there an autopsy? no

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
If so, specify _____
(Signed) W. E. Johnson, M. D.
(Address) Warrensburg, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6/2/39

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,

Earl Priest

....., or by

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

Signed

Earl Priest

Licensed Embalmer No.

3878

P. O. Address

Warrensburg

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, above space should be left blank.