42551

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 13 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4960

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: 1201 Brush Creek 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---- (Specify whether In this community 33 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri 1 (b) County Jackson

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

(d) Street No. 1201 Brush Creek (If rural, give location)

(e) If foreign born, how long in U. S. A.? --- years.

3. (a) PRINT FULL NAME Mrs. Teresa Ada Dale 400

3. (b) If veteran, name war ----

3. (c) Social Security No. ----

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Eli Lucian Dale

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased April 6, 1872 (Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days 25 If less than one day hr. min.

9. Birthplace Chicago, ILL. (City, town, or county) (State or foreign country) 1

10. Usual occupation Housewife 4

11. Industry or business --- 4

FATHER
12. Name Charles W. Johns
13. Birthplace London, England (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Teresa Mary Canty
15. Birthplace London England (City, town, or county) (State or foreign country)

16. (a) Informant's own signature E. L. Dale

(b) Address 1201 - Brush Creek

17. (a) Mt. Moriah (Burial, cremation, or removal) (b) Date thereof 1-2-39 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director D. H. Newcomer Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) Dec. 31, 1939 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 31 year 8 hour 10 minute p M.

21. I hereby certify that I attended the deceased from Oct. 17th, 1939, to Dec. 31, 1939; that I last saw her alive on Dec. 31, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General Carcinomatosis	?
Due to 46	
Due to	
Other conditions Carcinoma of Cecum (Include pregnancy within 3 months of death)	?

Major findings:
Of operations none
Of autopsy none

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)

While at work? ✓ (e) Means of injury ✓

23. Signature V. W. Harney (M. D. or other) DO

Address 406 Wiltman Bldg Date signed 1-1-40

(Licensed Embalmer's Statement on Reverse Side)

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.

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100C: 68 Ten.

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 H O Newcomer Jr

Licensed Embalmer No. 4047

P. O. Address K C Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.