DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 8 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43088

Registration District No. 185 Primary Registration District No. 5758 Registrar's No.

1. PLACE OF DEATH:
(a) County: Christian
(b) City or town: Sparta Twp. "Rural"
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2 Mi. West of Sparta
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: No. (Specify whether
In this community: 26 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Christian
(c) City or town: Sparta Mo. "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No.: 2 mi West of Sparta
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Isabell Eleanor Dallas

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: Single

6. (b) Name of husband or wife: ✓

6. (c) Age of husband or wife if alive: None years

7. Birth date of deceased: February (Month) 6 (Day) 1851 (Year)

8. AGE: Years 88 Months 9 Days 26 If less than one day hr. min.

9. Birthplace: Urbana (City, town, or county) Ohio (State or foreign country)

10. Usual occupation: Housework (Private)

11. Industry or business: At Home

FATHER
12. Name: Wilson Dallas
13. Birthplace: Urbana (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name: Eliza Jane Kendall
15. Birthplace: Urbana (City, town, or county) Ohio (State or foreign country)

16. (a) Informant's own signature: Mrs. L. M. Robinson
(b) Address: Sparta, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/3/39 (Month) (Day) (Year)
(c) Place: burial or cremation: Ozark Cemetery

18. (a) Signature of funeral director: B. L. Klepper
(b) Address: Ozark Mo.

19. (a) 12-18-1939 (Date received local registrar) (b) Josephine Merritt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2nd year 1939 hour 12 minute 01 a.M.

21. I hereby certify that I attended the deceased from Nov-20-, 1939, to Dec-1-, 1939; that I last saw h alive on Dec-1-, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Myocardial Dilatation	
Due to: Chronic Myocarditis	
Due to: Infirmities of Aged	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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)
While at work? (e) Means of injury

23. Signature: Dr. Warren H. Wilson (M. D. or other)
Address: Sparta, Missouri Date signed 12/10/39

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.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Division of Health Officer No. 6,
District No. 140-6
Date Filed JAN 3 1940

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 Forest K. Klepper, Registered Apprentice No. 143 working under my personal supervision.

Signed B. C. Klepper

Licensed Embalmer No. 2178

P. O. Address Ozark, Mo.

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

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