

JUL 15 1940

STANDARD CERTIFICATE OF DEATH

22537

State File No. \_\_\_\_\_

Registration District No. 684

Primary Registration District No. 4408

Registrar's No. 29

1. PLACE OF DEATH: Pike Bowling Green  
 (a) County \_\_\_\_\_  
 (b) City or town \_\_\_\_\_  
 (c) Name of hospital or institution: 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community \_\_\_\_\_  
 years, months or days

3. (a) PRINT FULL NAME House Dale  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race Neg  
 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: March 2 1895  
 (Month) (Day) (Year)

8. AGE: Years 55 Months 2 Days 29  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Bowling Green Missouri  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation House Keeper

11. Industry or business \_\_\_\_\_  
 MOTHER FATHER { 12. Name Charles Dale  
 13. Birthplace Kentucky  
 14. Maiden name Carrie Wells  
 15. Birthplace Troy Missouri

16. (a) Informant's own signature Charles Dale  
 (b) Address Kennett, MO  
 17. (a) Burial (b) Date thereof 6-4-40  
 (c) Place: burial or cremation Bowling Green Cem  
 18. (a) Signature of funeral director Wm. Matthews  
 (b) Address Bowling Green MO  
 19. (a) 6-5-1940 (b) W. J. Summers  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Pike  
 (c) City or town Bowling Green  
 (d) Street No. \_\_\_\_\_  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 6 day 1  
 year 1940 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1938 to 6/1/40, 19\_\_\_\_  
 that I last saw him alive on 6/1/40, 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency  
 Duration 6 Mths

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions Epilepsy  
 (Include pregnancy within 3 months of death) 40 yrs

PHYSICIAN \_\_\_\_\_  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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? \_\_\_\_\_  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
 While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_  
 23. Signature W. M. Matthews (M. D. or other) MD  
 Address Bowling Green MO Date signed 6/1/40

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

Health Officer No. 10

District File Number 7-40-1336

Date Filed III 8 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.....

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

Signed Grace B. Seal

Licensed Embalmer No. 2204

P. O. Address Lawrence, 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, above space should be left blank.