No. 2
4-13-40
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

RECD NOV 20 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36029

Registration District No. 66F Primary Registration District No. 3032 Registrar's No. 344

1. PLACE OF DEATH:

(a) County: Pettis

(b) City or town: Sedalia (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bothwell Memorial Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 hours (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Pettis

(c) City or town: Nelsons (Rural) Rt.2 (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

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

3. (a) PRINT FULL NAME: James Henry Dial

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Estella Polston Dial

6. (c) Age of husband or wife if alive: 66 years

7. Birth date of deceased: August 3, 1865 (Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 18 If less than one day hr. min.

9. Birthplace: Route 2, Nelson, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

MOTHER FATHER

12. Name: Dawson Dial

13. Birthplace: Saline County, Mo. (City, town, or county) (State or foreign country)

14. Maiden name: Lucetta Curnutt

15. Birthplace: Pettis County, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Estella Dial

(b) Address: Route 2, Nelson, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/22/40 (Month) (Day) (Year)

(c) Place: burial or cremation Heath's Creek Cemetery Pettis County

18. (a) Signature of funeral director: Duane Ewing

(b) Address: Sedalia, Mo.

19. (a) 10-21-40 (Date received local registrar) (b) Mrs. Harry Sneed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 21 day 1940 year hour 3 minute M.

21. I hereby certify that I attended the deceased from Oct 20, 1940, to Oct 21, 1940 that I last saw him alive on Oct 21 - 40, 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Cholecystitis

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations:

Of autopsy:

Duration

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: J. E. Mitchell (M. D. or other) MD

Address: Sedalia Mo Date signed Oct 21 40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-14-40

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 Duane Ewing

Licensed Embalmer No. 3847

P. O. Address Sidah Ind

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

If this body is not embalmed, fact should be so stated above.