

S. No. 2
M-343
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33749

NOV 1 1943

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4445

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town K.C.

(c) Name of hospital or institution: St Marys Hospital
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 1 day
(Specify whether in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson

(c) City or town K.C.
(If outside city or town limits, write "RURAL")

(d) Street No. 917 Central
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Dennis W. Dail

MEDICAL CERTIFICATION

3. (b) If veteran, name war Don't know

3. (c) Social Security No. Don't know

20. DATE OF DEATH: Month 10-18-43 day 18 year 1943 hour 8:15 A M.

4. Sex m 5. Color or race W

21. I hereby certify that I attended the deceased from Coroner 19____ to 19____ that I last saw him alive on _____ and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 22 1878
(Month) (Day) (Year)

Immediate cause of death Multiple pulmonary infarcts

8. AGE: Years 65 Months 1 Day 26 If less than one day _____ hr. _____ min.

Due to Fractured 2-5 right ribs
1 right clavicle

9. Birthplace Pultenace Kansas
(City, town or county) (State or foreign country)

Other conditions slight of left cerebrum
(Include pregnancy within 3 months of death)

10. Usual occupation labor

Major findings: Of operations 1860's

11. Industry or business Richard & Co. Kansas

Of autopsy As above

12. Name William W. Dail

Death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident 17'

13. Birthplace Callaway Mo.
(City, town, or county) (State or foreign country)

(b) Date of occurrence 10-13-43

14. Maiden name Susan Mae Hackett

(c) Where did injury occur? K.C. Jackson, Mo.
(City or town) (County) (State)

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Richard & Co. Kansas
While at work _____ (Specify type of place) Means of injury from truck

16. (a) Address 10-20-43
(Date received local registrar)

23. Signature [Signature] (M. D. or other) _____
Address _____ Date signed _____

17. (a) Burial (b) Date thereof 10-19-43
(Burial, cremation, or removal) (Month) (Day) (Year)

WRITE PLAINLY - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

MOTHER FATHER

FEB 2 1944

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.....

Francis Walton

Registered Apprentice No. *2744*

working under my personal supervision.

Signed.....

J. H. Pagan

Licensed Embalmer No. *2744*

P. O. Address. *K.C., 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, fact should be so stated above.