V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32627

FILED OCT 23 1945

Registration District No. 1409 Primary Registration District No. 1002 Registrar's No. 4221

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: 516 Cypress Kansas City, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)
In this community: 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: KansasCity 2
(If outside city or town limits, write "RURAL")

(d) Street No.: 516 Cypress 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: Miss Ophelia DALE

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: None

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

7. Birth date of deceased: January (Month) 25 th, (Day) 1860 (Year)

8. AGE: Years 85 Months 8 Days 17 If less than one day hr. min.

9. Birthplace: Excelsior Springs (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: House wife

11. Industry or business: Home

FATHER
12. Name: Alfred Dale
13. Birthplace: Unknown (City, town, or county) Kentuckey (State or foreign country)

MOTHER
14. Maiden name: Margaret Hardwick
15. Birthplace: Unknown (City, town, or county) Kentuckey (State or foreign country)

16. (a) Informant: Mr. Dale Johnson
(b) Address: 516 Cypress, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/13/45 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Washington Cem.

18. (a) Signature of funeral director: Mellody-McGilley-Eylar
(b) Address: 1800 Linwood Blvd., K.C. Mo.

19. (a) 10-13-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12 th year 1945 hour 1 minute 15 A.M.

21. I hereby certify that I attended the deceased from august 8- 1942 to Oct 12 1945 that I last saw her alive on Oct 11 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Respiratory failure	
Due to: Myocardial fibrosis	?
Due to: Infectious (atrophic) arthritis	about 15 years
Other conditions (Include pregnancy within 3 months of death): 93d	

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? Means of injury:

23. Signature: Dr C V Edwards D.O. (M. D. or other)
Address: 2603 Independence Blvd. Date signed 10-12-45

(Licensed Embalmer's Statement on Reverse Side)

[redacted]ndep. Ave. Prospect
Ch 0622

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 Glenn E. Beck

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.