

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10496

FILED MAR 20 1946
Registration District No. 6032

Primary Registration District No. 6032

Registrar's No. 2105

1. PLACE OF DEATH:

(a) County Ripley

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

(c) Name of hospital or institution:
Route #4
(If not in hospital or institution, write street number or location)

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

In this community 2 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley

(c) City or town Doniphan Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Route #4
(If rural, give location)

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

3. (a) PRINT FULL NAME WILLIAM VERNON DALE

3. (b) If veteran, name war No

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6th
year 1946 hour 7 minute 20 P.M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Minnie Anthony

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased January 11th 1903
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased ~~from~~
on 3-6-1946, to _____ 19____
that I last saw him alive on 3-6- 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 43 Months 1 Days 23
If less than one day _____ hr. _____ min.

Immediate cause of death Acute Indiscretion

Due to eating Quoniam & Smoked

Due to _____

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

9. Birthplace Maunie White Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business Automobile

Major findings:
Of operations 118.3

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER {
12. Name Chester Dale

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

14. Maiden name Margaret Waters

15. Birthplace Indiana
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant George Anthony

(b) Address Poplar Bluff, Missouri

17. (a) Burial (b) Date thereof 3/9/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sparkman Cemetery

18. (a) Signature of funeral director Frank Cotrell Chapel

(b) Address Poplar Bluff, Missouri

19. (a) 3-10-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury Q

23. Signature [Signature] (M. D. or other) _____
Address Doniphan, Mo Date signed 3-9-46

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

9409

RECEIVED

District Health Officer No. 6,

District File Number 346259

Date Filed July 18-46

JUL 17 1946

JUL 24 1946

DEC 30 1945

JUL 16 1949

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 George Green

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff, Missouri

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.