S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 25 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40737

Registration District No. 273 Primary Registration District No. 6265 Registrar's No. 58

1. PLACE OF DEATH:
(a) County Webster
(b) City or town Rural Grant Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State ~~Webster~~ Missouri (b) County Webster 112
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Township
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Samuel Henry Dishman
3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Inez Dishman
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased May - 15 - 1873 (Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 13 If less than one day x hr. x min.

9. Birthplace Greene County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Farmer + Stockman
11. Industry or business Farm
FATHER
12. Name Madison Dishman
13. Birthplace ..... (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name 9
15. Birthplace ..... (City, town, or county) (State or foreign country)
16. (a) Informant Omer Dishman
(b) Address Marshfield Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-30-47 (Month) (Day) (Year)
(c) Place: burial or cremation Dishman
18. (a) Signature of funeral director Rex [illegible]
(b) Address Marshfield Mo. [illegible]
19. (a) 11-19-47 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28 year 1947 hour 6 minute P.M.
21. I hereby certify that I attended the deceased from Dec. 1, 1944, 19..., to Some time in, 1946 that I last saw him alive on no record, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Unknown Natural Causes	
Due to Generalized Arteriosclerosis Severe	Since 1944 to my knowledge 1945
Due to	
Other conditions Coronary Heart Dis (Include pregnancy within 3 months of death)	
Major findings: Of operations 94 P	
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? (e) Means of injury
23. Signature C. P. Macdonnell (M. D. or other) M.D.
Address Marshfield, Mo. Date signed 10/28/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1147-1249
Date Filed 11-24-47
DEC 29 1947

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.....

Licensed Embalmer No. 3312

P. O. Address.....

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.