

FILED JAN 8 1948

Registration District No. **3610139**

Primary Registration District No. **6225**

Registrar's No. **190**

1. PLACE OF DEATH: **VERMONT**

(a) County **Vermont**

(b) City or town **Washington Twp.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **State Hospital # 3**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **8 Days 2**

In this community **No year No month 8 Days**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jarvis** **108**

(c) City or town **Bradleyville Mo** **0**
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME **ELMER E DALE**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **MD** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Grace B Dale** 6. (c) Age of husband or wife if alive **72** years

7. Birth date of deceased: (Month) **11** - (Day) **10** - (Year) **1874**

8. AGE: Years **73** Months **1** Days **20** If less than one day _____ hr. _____ min.

9. Birthplace: **Monteith Iowa** (City, town, or county) (State or foreign country)

10. Usual occupation **School Teacher**

11. Industry or business _____

12. Name **John Bunch Dale** 9

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

14. Maiden name **Mary Philina Bunch**

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

16. (a) Informant **Clare Dal** 1

(b) Address **1603 N Skuman Springfield Mo**

17. (a) **Burial** (b) Date thereof **12 31 47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bradleyville no**

18. (a) Signature of funeral director **H. B. Hatcher**

(b) Address **Ava Mo**

19. (a) **1-2-48** (b) **Nathyn Jancy**
(Date received local registrar) (Registrar's signature) **3 31**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **31**
year **1947** hour **12:55** minute **A.** M.

21. I hereby certify that I attended the deceased from **12-24-** 19**47**, to **12-31-** 19**47**, that I last saw him alive on **12-30-** 19**47** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Arteriosclerosis** **8 Days +**

Due to _____

Due to _____

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

Major findings: Of operations **97**

Of autopsy _____

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? _____

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

23. Signature **J.R. Bunch** (M. D. or other) _____

Address **State Hospital # 3** Date signed **12.31.47**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

846102 1948

RECEIVED

District Health Officer No. 7,

District File Number 12-47-2028

Date Filed 1-7-48

JUL 6 1948

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 W.B. Hutelison

Licensed Embalmer No. 3431

P. O. Address Rea, Miss

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, above space should be left blank.