

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 22 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15154
Registrar's No. 33

Registration District No. 337 Primary Registration District No. 4497

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

1. PLACE OF DEATH:
(a) County Shelby
(b) City or town Clarence
(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. 5 yrs
In this community 5 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Shelby
(c) City or town Clarence
(If outside city or town limits, write "RURAL")
(d) Street No. 102
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME CLARENCE EZRA DALE
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓
4. Sex M O 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bertha Dale 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased July 9 1884
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month apr day 4 year 1948 hour 5:30 minute
21. I hereby certify that I attended the deceased from Mar 25 48 to April 5 48
that I last saw him alive on April 5 1948 and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Embolism
Duration 9 1/2 hrs

8. AGE: Years 63 Months 8 Days 26 If less than one day hr. min.

Due to Coronary Thrombosis 4 yrs
Due to

9. Birthplace Mo O (City, town, or county) (State or foreign country)
10. Usual occupation Race Horse Operator

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 94A
Of autopsy

11. Industry or business
12. Name RUFUS E DALE
13. Birthplace Mo O (City, town, or county) (State or foreign country)
14. Maiden name Betty ABALT
15. Birthplace Mo O (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Bertha Dale
(b) Address Clarence Mo
17. (a) Burial (b) Date thereof 4-7-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Maplewood-Clarence

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?

18. (a) Signature of funeral director Super Funeral Director
(b) address Clarence Mo
19. (a) April 12-48 (b) Ruth Jergent
(Date received local registrar) (Registrar's signature)

23. Signature D. L. Haddon M.D. (Specify type of place) (M.D. or D.V.M.)
Address Clarence Mo Date signed April 1948

FEB 8 1950

RECEIVED
District Health Officer No. 1
District File Number 4-48-71
APR 20 1948
Date Filed

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.....

Louis E. Hopper

Licensed Embalmer No.....

7261

P. O. Address.....

Clarence, 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.