

No. 2  
8-43  
17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED DEC 15 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35983

State File No. \_\_\_\_\_

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 271

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution: St. Mary's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 days  
(Specify whether years, months or days)

In this community 33vrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

(c) City or town Jefferson City 5  
(If outside city or town limits, write "RURAL")

(d) Street No. 1925 West Main Street 4  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Dr. Hugh G. Dallas

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Getrude Dallas 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased December 13 1882  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months    | Days      | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
|         | <u>65</u> | <u>11</u> | <u>26</u> | hr. _____ min.       |

9. Birthplace Linn, Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Medical Doctor

11. Industry or business \_\_\_\_\_

12. Name William B. Dallas 1

13. Birthplace Va 1  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Woods

15. Birthplace Linn, Missouri 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Wrs. H.G. Dallas

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Dec-10-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Shop & Jordan

(b) Address Jefferson City, Missouri

19. (a) 12-10-48 (b) H. P. Dallas, MD  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8  
year 1948 hour 11: minute 15 P.M.

21. I hereby certify that I attended the deceased from June 26,  
1948 to Dec 8, 1948  
that I last saw him alive on Dec 8, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death  
arteriosclerotic  
heart disease

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 93%

Of autopsy Enlarged heart  
old coronary occlusion

Duration \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature Earl S. Lloyd (M. D. or other) M.D.

Address 425 Madison Date signed 12-10-48

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

MOTHER FATHER

(Released under Public Health Statement on Reverse Side) 777 City, Mo.

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed  
DEC 14 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.....

*Edgar L Moseley*, Registered Apprentice No. *226*  
working under my personal supervision.

Signed *Joseph J Gordon*

Licensed Embalmer No. *1786*

P. O. Address *Jeff 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.