

Registration District No. 718

Primary Registration District No. 6430

Registrar's No. 16

1. PLACE OF DEATH:
(a) County Putnam County
(b) City or town Unionville Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MONROE HOSPITAL
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days) 5 - 3 1/2 years

3. (a) PRINT FULL NAME MARY GERTRUDE VAN DYNE
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMAL 5. Color or race WHITE 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife HOMER O. VANDYNE 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JUNE 26 1916
(Month) (Day) (Year)

8. AGE: Years 24 Months 4 Days 2 If less than one day hr. _____ min. _____

9. Birthplace PUTNAM Co. MO.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business AT HOME

12. Name ORA L. COOK

13. Birthplace PUTNAM Co. MO.
(City, town, or county) (State or foreign country)

14. Maiden name MYRTLE E. CRAWFORD

15. Birthplace PUTNAM Co. MO.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Homer O. Van Dyne
(b) Address Pomeroyville Mo.

17. (a) BURIAL (b) Date thereof FEB. 26 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation UNIONVILLE CEMETARY

18. (a) Signature of funeral director COMSTOCK FUNERAL HOME
(b) Address UNIONVILLE BY J.N. COMSTOCK MO.

19. (a) March 3 1940 (b) M.W. Bellman
(Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County PUTNAM
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 24
year 1940 hour 12:00 minute midnight

21. I hereby certify that I attended the deceased from JAN. 26, 1940, to FEB. 24, 1940;
that I last saw h. e. r. alive on FEB. 24, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Carotid Embolism Duration 7 2/3
11 N 4/0

Due to Peritonitis intestinal obstruction, necrosis uterine 11 days

Due to _____
Other conditions Eclampsia Jan 30 1940
(Include pregnancy within 3 months of death)

Major findings: Intestinal obstruction
Of operations adhesion of bowel to placenta
wound from Caesarian
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? (a) Means of injury _____

23. Signature J. Neal Martin (M. D. or other) 1
Address Pomeroyville Mo Date signed 2/24/40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 4-40-729

Date Filed APR 3 1940

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.....

J. M. Comstock
....., Registered Apprentice No.....
working under my personal supervision.

Signed *J. M. Comstock*
.....

Licensed Embalmer No. 3891

P. O. Address Unionville, 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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12101

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 718

Primary Registration District No. 6430

Registrar's No.

1. PLACE OF DEATH:

(a) County Putnam
(b) City or town Putnamville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(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)

3. (a) PRINT FULL NAME

Mary G Van Dyne

3. (b) If veteran, name war.

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife.

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

7. Birth date of deceased

June 26 1916
(Month) (Day) (Year)

8. AGE:

Years Months Days
~~24 4 2~~

If less than one day min.

9. Birthplace

23 7 28
(City, town, or county)

(State or foreign country)

10. Usual occupation.

11. Industry or business.

MOTHER FATHER
12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal)

(b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation.

18. (a) Signature of funeral director.

(b) Address

19. (Date received local registrar) March 5 1940

(Registrar's signature) J W Gillman

2. USUAL RESIDENCE OF DECEASED:

(a) State. (b) County.

(c) City or town. (If outside city or town limits write "RURAL")

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: month Feb day 24
year 1940 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19;

that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death.

Due to.

Due to.

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

Major findings:

Of operations.

Of autopsy.

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.

23. Signature J Neal Martin M. D. or other)

Address Putnamville Mo signed

SUPPLEMENTARY

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

1946
S-12101