No. 2
-13-40
17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 20 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35955

Registration District No. 645 Primary Registration District No. 6273 Registrar's No. 13

1. PLACE OF DEATH:
(a) County Ozark
(b) City or town Mammoth Mo
(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 2 (Specify whether years, months or days)
In this community 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Ozark
(c) City or town Mammoth Mo
(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.

3. (a) PRINT FULL NAME WILLIAM L. DYE
3. (b) If veteran, name war
3. (c) Social Security No. No
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased July (Month) 4th (Day) 1859 (Year)
8. AGE: Years 81 Months 3 Days 17 If less than one day ____ hr. ____ min.
9. Birthplace Douglas Co Mo U (City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business
MOTHER FATHER
12. Name Henry Dye
13. Birthplace Dent County (City, town, or county) (State or foreign country)
14. Maiden name Dent County
15. Birthplace Dent County (City, town, or county) (State or foreign country)
16. (a) Informant Mollie Dye
(b) Address Mammoth Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-22-40 (Month) (Day) (Year)
(c) Place: burial or cremation Mammoth Mo
18. (a) Signature of funeral director Jay Palmer
(b) Address Mammoth Mo
19. (a) 10-24-40 (Date received local registrar) (b) J. T. White (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21 year 1940 hour 10 P.M. minute ____ M.
21. I hereby certify that I attended the deceased from Sept. 5 1940 to Oct. 21 1940 that I last saw him alive on Oct. 18 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic endocarditis	6 Mo.
Due to: Debility	
Due to: A & V	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? 5 7 0 (Specify type of place)
While at work? ____ (e) Means of injury
23. Signature J. T. White MD (M. D. or other)
Address Hamburg Date signed 10/24/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1140-2784
Date Filed NOV 4 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.