No. 2
1-4-41
-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 18460

Registration District No. 5-71 Primary Registration District No. 4335 Registrar's No.

**1. PLACE OF DEATH:**
(a) County Moniteau
(b) City or town California
(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 years, months or days)
In this community 10 year

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Mo (b) County Moniteau
(c) City or town California Mo
(If outside city or town limits, write "RURAL")
(d) Street No. /
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Rosco Willard Van Dike
3. (b) If veteran, name war World War
3. (c) Social Security No.
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lucile Van Dike
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased Apr 6 (Month) 1891 (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 50 | 1 | 5 | hr. min. |

9. Birthplace Macon (City, town, or county) Mo (State or foreign country)
10. Usual occupation Salesman
11. Industry or business
FATHER 12. Name Robert Bruce Van Dike
FATHER 13. Birthplace Macon (City, town, or county) Mo (State or foreign country)
MOTHER 14. Maiden name Samantha Hardesty
MOTHER 15. Birthplace Macon (City, town, or county) Mo (State or foreign country)
16. (a) Informant Lucile Van Dike
(b) Address California Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/13/41 (Month) (Day) (Year)
(c) Place: burial or cremation Masonic Cem
18. (a) Signature of funeral director Williams & Friedrich
(b) Address California Mo
19. (a) 6-13-41 (Date received local registrar) (b) H. R. Popejoy (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 11 year 1941 hour 11 minute 25 a. M.
21. I hereby certify that I attended the deceased from June 4, 1941 to June 11 - 1941 that I last saw him alive on June 1, 1941 and that death occurred on the date and hour stated above.

| Immediate cause of death Intracranial hemorrhage | 12 hrs |
|---|---|
| Due to uremia & Cerebral | 7 days |
| Due to Ventral hernia. | 4 years |
| Other conditions (Include pregnancy within 3 months of death) 43 Pr | |
| 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? 504
While at work? (Specify type of place) (e) Means of injury
23. Signature J. C. Busch Jr. (M. D. or other)
Address California Mo Date signed 6-14-41

(Licensed Embalmer's Statement on Reverse Side)

MAR 29 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 H E Friedmeyer

Licensed Embalmer No. 12854

P. O. Address California Me

**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.**