DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 11 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21374

Registration District No. 73 Primary Registration District No. 3014 Registrar's No. 62

1. PLACE OF DEATH:

(a) County: Clay
(b) City or town: Liberty (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home of Father (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ In this community 2 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Ray
(c) City or town: Richmond (If outside city or town limits, write "RURAL")
(d) Street No. ✓ (If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No) If yes, name country ✓

3. (a) PRINT FULL NAME: MADELINE M. DYE
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: W. Earle Dye
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased: Feby. (Month) 5 (Day) 1893 (Year)
8. AGE: Years 51 Months 4 Days 17 If less than one day ___ hr. ___ min.
9. Birthplace: Liberty (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Home wife
11. Industry or business: ✓
12. Name (Father): H. G. Fischer
13. Birthplace (Father): Findlay (City, town, or county) Ohio (State or foreign country)
14. Maiden name (Mother): Mary M. Hicks
15. Birthplace (Mother): Liberty (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Mrs. Madine Thompson
(b) Address: 442 N. Franklin Liberty Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 19 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Fairview Liberty Mo.
18. (a) Signature of funeral director: Church Arcyl Co.
(b) Address: Liberty Mo.
19. (a) 6-18-44 (Date received local registrar) (b) Helen Eberly (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17 year 1944 hour 3 minute 10 P.M.
21. I hereby certify that I attended the deceased from Dec 18, 1943 to June 17, 1944 that I last saw her alive on June 17, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Right Breast & Both Lungs

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.

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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? (e) Means of injury:

23. Signature: Burton Maltby (M. D. or other) MD
Address: Liberty Mo. Date signed 6-18-44

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-10-44

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: Edgar Archer

Licensed Embalmer No. 3317

P. O. Address Liberty, Mo.

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.