S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 23 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2194

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 44

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: 727 BENTON
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County GREENE 39

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

(d) Street No. R.F.D. # 1
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country ✓

3. (a) PRINT FULL NAME MARY E. DYKES.

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 MARRIED

6. (b) Name of husband or wife J. H. DYKES

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

7. Birth date of deceased March 20, 1885
(Month) (Day) (Year)

8. AGE: Years 59 Months 9 Days 25 If less than one day ___ hr. ___ min.

9. Birthplace UNK. (City, town, or county) UNK. (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business AT. HOME

FATHER
12. Name MARTIN V. HARPER
13. Birthplace UNK. (City, town, or county) W. VA. (State or foreign country)

MOTHER
14. Maiden name MARTHA JANE WOOD
15. Birthplace UNK. (City, town, or county) UNKNOWN (State or foreign country)

16. (a) Informant OTIS L. HARPER
(b) Address 727 BENTON, SPRINGFIELD, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 18, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Danforth Cem.

18. (a) Signature of funeral director J. W. Klingner & Co.
(b) Address Springfield Mo.

19. (a) 1-18-45 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 15
year 1945 hour 1 minute 50 P.M.

21. I hereby certify that I attended the deceased from Jan 14, 1945, to Jan. 15, 1945; that I last saw him alive on Jan. 15, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	2 Days
Due to —	
Due to — 94a	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

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) No
(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 Robert F Williams (M. D. or other)
Address Springfield Mo Date signed 1-16-45

(Licensed Embalmer's Statement on Reverse Side)

FEB 1 1945

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.....Ogle Slone Jr.

Licensed Embalmer No.....4126

P. O. Address.....Springfield 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.