

FILED JAN 11 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 32

Primary Registration District No. 5714

Registrar's No. 69

1. PLACE OF DEATH:

(a) County Bollinger
(b) City or town rural (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution none (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community perpetually years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town rural (If outside city or town limits, write "RURAL")
(d) Street No. Advance Mo. R. #4 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MINNIE B. SYLCOX

3. (b) If veteran, name war none 3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16 year 1945 hour 8 minute A.M.

21. I hereby certify that I attended the deceased from 12/17/45 to 12/17/45, 19____, and that I last saw her alive on 12/17/45 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife Sherman Dylcox 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased May 23, 1887 (Month) (Day) (Year)

Immediate cause of death Cardiac Decompensation
Due to Carcinoma of Uterus

8. AGE: Years 58 Months 6 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Bollinger Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name William J. Finkle

13. Birthplace Bollinger Co. Mo. (City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace not known (City, town, or county) (State or foreign country)

16. (a) Informant Sherman Dylcox

(b) Address Advance, Mo.

17. (a) Burial (b) Date thereof Dec 18, 1945 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ladd Chapel

18. (a) Signature of funeral director Keyes S. Morgan

(b) Address Advance Mo.

19. (a) Dec. 20 1945 (b) Willie Van Ambergh (Date received local registrar) (Registrar's signature)

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 2

23. Signature John J. ...

Address ... Mo. Date signed 12/20/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 4

District File Number 146-1585

Date Filed 1-9-46

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.....

Lloyd S. Morgan

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

working under my personal supervision.

Signed *Lloyd S Morgan*

Licensed Embalmer No. 3381

P. O. Address Advance, N.Y.

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.