No. 2
8-43
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X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3565

State File No.

Registration District No. 271 Primary Registration District No. 5911 Registrar's No. 1

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Bragg City Rural Kasiah (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

In this community 2 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pemiscot 78

(c) City or town Bragg City Mo 0 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Alice D. Dye

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced /

6. (b) Name of husband or wife Alfred T. Dye

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Feb. (Month) 9 (Day) 1881 (Year)

8. AGE: Years 64 63 Months 10 Days 23 If less than one day hr. min.

9. Birthplace near Sikeston Mo 0 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Edna Brittain /

(b) Address Brigg City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 (Month) 3 (Day) 1946 (Year)

(c) Place: burial or cremation Oak Ridge

18. (a) Signature of funeral director Florence A Beary

(b) Address Corning, Ark.

19. (a) 1-4-46 (Date received local registrar) (b) Mrs. Jessie Furnage (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2 year 1946 hour 5 minute 15 P M.

21. I hereby certify that I attended the deceased from Dec 30, 1945, to Jan 2, 1946 that I last saw her alive on Jan 2, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia 8 days

Due to Pneumococcus

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

107

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature George J Gilmore (M. D. or other) DO

Address Kennett Mo Date signed 1-3-46

24 X (Licensed Embalmer's Statement on Reverse Side)

1-46-13

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 wi the above constitutes grounds for revocation of license.)

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

No. 2B
—3-45
1 X43880

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Feb

Registration District No. 271 Primary Registration District No. 5941 Registrar's No. 1

1. PLACE OF DEATH:

(a) County Perniscot

(b) City or town Rural – Pascola Twp

(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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (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 Alice D. Dyl

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

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 (Years)

7. Birth date of deceased Feb 9 (Month) (Day) (Year)

8. AGE: Years 64 Months Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER 12. Name

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

MOTHER 14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Day year 1946 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to

Due to

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

1740 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

35605