S. No. 2
M—2-43
v. 5-17-39
I X35697

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

100951

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 1 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4438

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution: Community Nursing Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months and two weeks (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Adair 1 3

(c) City or town Kirksville 2
(If outside city or town limits, write "RURAL")

(d) Street No. 401 E. Mo. 1
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Emma Jane Dye

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex female 1

5. Color or race white

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife John Dye

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

7. Birth date of deceased Nov. 25, 1861 (Month) (Day) (Year)

8. AGE: Years 84 Months 0 Days 10 If less than one day hr. min.

9. Birthplace Adair Co. (City, town, or county) Mo. 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Joseph Collop
13. Birthplace DK (City, town, or county) Va. 1 (State or foreign country)

MOTHER
14. Maiden name Rebecca McKinney
15. Birthplace DK (City, town, or county) Ky. 1 (State or foreign country)

16. (a) Informant Mrs. C. E. Vaughn

(b) Address Kirksville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-6-45 (Month) (Day) (Year)

(c) Place: burial or cremation E. Center - Kirksville Mo

18. (a) Signature of funeral director Davis Funeral Home

(b) Address Kirksville, Mo.

19. (a) 12-3-46 (Date received local registrar) (b) Pate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1 year 1945 hour 10 minute 25 P M.

21. I hereby certify that I attended the deceased from Sept 18, 1945, to Dec 1, 1945; that I last saw her alive on Dec 1, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial failure	1 wk.
Due to Chronic myocarditis	years
Due to Chronic nephritis	years
Other conditions Arteriosclerosis & sexility (Include pregnancy within 3 months of death)	years

Major findings:
Of operations
Of autopsy

131

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 2

23. Signature M. T. Gutensohn (Name or other) D.O.

Address Kirksville, Mo Date signed 12-2-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-46-338
Date Filed FEB 28 1946

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 Bawden Beaty

Licensed Embalmer No. 4379

P. O. Address Kirksville, 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.