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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 22 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33128

State File No.

Registration District No. 93 Primary Registration District No. 4156 Registrar's No. 74

1. PLACE OF DEATH:

(a) County Dade

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

(c) Name of hospital or institution: No (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether

In this community 45 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade 29

(c) City or town South Greenfield 1 (If outside city or town limits, write "RURAL")

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

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

If yes, name country No

3. (a) PRINT FULL NAME NELLIE HALFORD DYE

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife David G. Dye

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

7. Birth date of deceased January (Month) 14 (Day) 1880 (Year)

8. AGE: Years 66 Months 8 Days 25 If less than one day hr. min.

9. Birthplace Czark County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Home

11. Industry or business Home

FATHER
12. Name Johnson Halford 9
13. Birthplace No Record 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Langston
15. Birthplace No Record 9 (City, town, or county) (State or foreign country)

16. (a) Informant David G. Dye

(b) Address South Greenfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-12-46 (Month) (Day) (Year)

(c) Place: burial or cremation Pennsboro, Mo.

18. (a) Signature of funeral director Sam E. Senseney Jr.

(b) Address Greenfield, Mo.

19. (a) 10-16-46 (Date received local registrar) (b) Geo L. Weir (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9 year 1946 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from 10-1-46, 19, to 10-9, 1946 that I last saw her alive on 10-8, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy Coronary Thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 94A	

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 0

23. Signature H. O. Cowan (M. D. or other)

Address Greenfield Mo Date signed 10-14-46

(Licensed Embalmer's Statement on Reverse Side)

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 Sam E. Sensenney Jr

Licensed Embalmer No. 4099

P. O. Address Greenfield, 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.