

No. 2
1-5-43
5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3667

FILED FEB 10 1947
Registration District No. 337

Primary Registration District No. 4499

Registrar's No. 15

1. PLACE OF DEATH:

(a) County SHELBY

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

(c) Name of hospital or institution:
THURMAN HOOP 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 DA.
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE 69

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

(d) Street No. ME BRIDE ST 6
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME ANNIE JACKSON 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 WIDOWED

6. (b) Name of husband or wife J. DAN DYE

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

*7. Birth date of deceased AUG 4, 1866
(Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days 24
If less than one day _____ hr. _____ min.

9. Birthplace MONROE CO., MO. 0
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

12. Name THOS. MARTIN SIDNER 0

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

14. Maiden name ELIZABETH HENNIGER 4

15. Birthplace N. K. 9
(City, town, or county) (State or foreign country)

16. (a) Informant GEORGE DYE

(b) Address PARIS, MO.

17. (a) BURIAL (b) Date thereof JAN. 30, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WALNUT GROVE, PARIS

(d) Signature of funeral director Speed & Blakey

(b) Address PARIS, MO.

19. (a) 1-30-47 (b) Ruth Jordan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 28
year 1947 hour 11 minute 00 A. M.

21. I hereby certify that I attended the deceased from JAN 5
1947 to JAN 28, 1947
that I last saw h. EA alive on JAN 28, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY THROMBOSIS

Due to _____

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)

(g) Means of injury _____

23. Signature W. J. Thurman (M. D. or other) DO

Address SHELBYNA, MO. Date signed 1-30-47

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

RECEIVED
Director of Health Officer No. 10
2-47-279
Date Filed FEB - 5 1947

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 A. H. Blakey
Licensed Embalmer No. 2614
P. O. Address Paris, Missouri

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.