

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5399

Registration District No. 187

Primary Registration District No. 3090

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Livingston

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

(c) Name of hospital or institution:
W Third 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
(Specify whether)

In this community 40 yrs
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston 59

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

(d) Street No. W Third 2
(If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Minnie L. Dryden

3. (b) If veteran, name war —

3. (c) Social Security No. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12
year 1947 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from after death
19—, to —, 19—;

that I last saw h. — alive on —, 19—;
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 Widowed

6. (b) Name of husband or wife Thomas Dryden 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased March 6, 1863
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis

Due to —

Due to —

Other conditions (include pregnancy within 3 months of death) —

Major findings: Of operations 94A

Of autopsy —

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

83 11 6 — hr. — min.

9. Birthplace Toledo Ohio 1
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business —

12. Name Daniel Fink

13. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

14. Maiden name Uehmann

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

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 —

16. (a) Informant Mr. Norman Dryden

(b) Address Chillicothe Mo

17. (a) Burial (b) Date thereof 2/14/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Donald Sanden

(b) Address Chillicothe, Mo.

19. (a) Feb. 14-1947 (b) Francis B. Neil
(Date received local registrar) (Registrar's signature)

23. Signature Lee Mark Livingston County Coroner
Address Chillicothe Mo Date signed Feb 15 1947

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

MOTHER FATHER

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(Licensed Embalmer's Statement on Reverse Side)

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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..... *Donald F. Gordon*

Licensed Embalmer No. *4191*

P. O. Address..... *Chillicothe, 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.