

FILED MAR 28 1947

State File No. _____

Registration District No. 297

Primary Registration District No. 3057

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Richmond
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
West Lexington St. No St. No. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 65 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray
(c) City or town Richmond
(If outside city or town limits, write "RURAL")
(d) Street No. West-Lexington St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Harrison Dye

3. (b) If veteran, name war none 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hattie Ruth Martin 6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased November 11, 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 2 10 hr. min.

9. Birthplace Caldwell Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Farming

12. Name Andrew G. Dye
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Alice Owens
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Lee Dye
(b) Address Kansas City, Missouri
17. (a) Burial (b) Date thereof 2/26/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dockery Cemetery
18. (a) Signature of funeral director Guest-Lile F.H.
(b) Address Richmond, Missouri

19. (a) Feb. 25-47 (b) Malcolm Jackson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21
year 1947 hour Indefinite minute _____ M.

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

Immediate cause of death Skull fracture & internal injuries chest. Duration _____
Due to being hit by a train.
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 164-8
Of operations _____
Of autopsy 50

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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J.F. Baber (M.D. or other) 3
Address Richmond, Mo. Date signed 2-25-47

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

3-27-47

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.....

George Phil

Licensed Embalmer No. 4066

P. O. Address *Richmond, 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.