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

JUN 22 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18468

Registration District No. 32 2 Primary Registration District No. ~~3[illegible]~~ 5447A Registrar's No.

1. PLACE OF DEATH:
(a) County GREENE ~~Springfield~~ Jackson Tw
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ~~Fair Grove~~ Mo. R#1 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days) 635

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Greene
(c) City or town Fair Grove.
(If outside city or town limits, write "RURAL")
(d) Street No. R. F. D. #1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME WILLIAM S. DRYDEN
3. (b) If veteran, name war —
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 Ella C. Dryden
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 25 (Day) 1860 (Year)

8. AGE: Years 79 Months 11 Days 29 If less than one day hr. min.

9. Birthplace Christian Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business Farming
FATHER
12. Name David Dryden
13. Birthplace Tenn. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Susan Carson
15. Birthplace Tenn. (City, town, or county) (State or foreign country)
16. (a) Informant Ella C. Dryden
(b) Address Fair Grove, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May (Month) (Day) 1940 (Year)
(c) Place: burial or cremation Patterson Cemetery
18. (a) Signature of funeral director J. W. Klingner & Co.
(b) Address Springfield, Mo.
19. (a) 5/25-1940 (Date received local registrar) (b) Allan Barnes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24 year 1940 hour 4 minute 50 A. M.

21. I hereby certify that I attended the deceased from May 21, 1940 to May 24, 1940; that I last saw him alive on May 24, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy (Stroke)	
Due to	
Due to	
Other conditions none (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy none	

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? 293 (Specify type of place)
While at work? none (e) Means of injury none

23. Signature Albert Sparks (M. D. or other)
Address Fair Grove Mo Date signed 5/24-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office
County File Number 40-6-25
Date Filed 6-10-40

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 J. B. Klenger

Licensed Embalmer No. 3358

P. O. Address Springfield, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.