951

. No. 2
11-10-39
5-10-39
X21492

8

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36619

Registration District No. 875 Primary Registration District No. 6162 Registrar's No. 245

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution: State Hospital No 3 Nevada, mo (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 yrs 11 mo 27 days (Specify whether)

In this community ___ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Christian

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

(d) Street No. Not known (If rural, give location)

(e) If foreign born, how long in U. S. A.? ___ years.

8. (a) PRINT FULL NAME Mrs NORA Dye

3. (b) If veteran, name war ___

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband ~~or wife~~ Henry Dye

6. (c) Age of husband or wife if alive Not known years

7. Birth date of deceased Feb (Month) 2nd (Day) 1894 (Year)

8. AGE: Years 46 Months 8 Days 1 If less than one day ___ hr. ___ min.

9. Birthplace Christian County (City, town, or county) mo (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Joseph Dewitt
13. Birthplace ___ (City, town, or county) mo (State or foreign country)

MOTHER
14. Maiden name Visa Hurse
15. Birthplace ___ (City, town, or county) MO (State or foreign country)

16. (a) Informant State Hospital Records.

(b) Address Nevada, mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 5, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Hospital Cemt

18. (a) Signature of funeral director Marsh Eichinger

(b) Address Nevada Mo.

19. (a) 10-5-40 (Date received local registrar) (b) Allen V. Hays (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3rd year 1940 hour 4 minute 20 P.M.

21. I hereby certify that I attended the deceased from August 24th, 1939, to Oct 3rd, 1940 that I last saw her alive on Oct 3rd, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral Pulmonary tuberculosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ___

Of autopsy no

Duration

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

23. Signature G. S. Waraich (M. D. ~~or other~~)

Address State Hospital No 3 Nevada, mo Date signed 10/3/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 11-40-1513
Date Filed 11-4-40

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 Marsh Eichinger
Licensed Embalmer No. 2656
P. O. Address Nevada, 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, above space should be left blank.