

Registration District No. 1076

Primary Registration District No. 3681

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Livingston, Missouri  
(b) City or town Bedford, Grand River  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: FILED DEC 17 1940  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community seven years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston  
(c) City or town Bedford, Grand River Twp. Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Phoebe Blanche Van Dyke

3. (b) If veteran, name war no 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 John W. Van Dyke 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased September 17 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
59 2 7 hr. \_\_\_\_\_ min.

9. Birthplace Wheeling, Livingston, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Francis M. May  
13. Birthplace Mannington West Virginia  
(City, town, or county) (State or foreign country)  
14. Maiden name Florence Stark  
15. Birthplace Mannington West Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Judith Van Dyke

(b) Address Bedford mo  
17. (a) Burial (b) Date thereof May 26 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wheeling cemetery

18. (a) Signature of funeral director Smiley Funeral Home  
(b) Address Wheeling mo

19. (a) Nov. 25, 1940 (b) Mrs. Chas. Ludwig  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 24  
year 1940 hour 5 minute 35 P.M.

21. I hereby certify that I attended the deceased from Dec 15 1939 to Nov 24 1940  
that I last saw her alive on Nov 24 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus, secondary metastases in liver  
Due to \_\_\_\_\_

Due to 4/7

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Carcinoma of uterus  
Of operations Jan 1940  
Of autopsy None

Duration 2 yrs

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? 461

(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. W. Carpenter (M. D. or other) \_\_\_\_\_  
Address Chillicothe Mo. Date signed Nov 25, 1940

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

**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 \_\_\_\_\_

*Frank L. Smiley*

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Frank L. Smiley*

Licensed Embalmer No. \_\_\_\_\_

*470*

P. O. Address \_\_\_\_\_

*Wheeling 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.**