No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED AUG 11 1941

26375

State File No.

Registration District No. 836 Primary Registration District No. 6098 A Registrar's No. 38

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

1. PLACE OF DEATH:

(a) County Stoddard Liberty Twp

(b) City or town Near Bernie Rural

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

(c) Name of hospital or institution: Home 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 most of life

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stoddard 103

(c) City or town Dexter Route 4 0

(If outside city or town limits, write "RURAL") 0

(d) Street No. —

(If rural, give location)

(e) Citizen of foreign country? — 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Beda Pyle

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Calvin Pyle

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased June (Month) 10 (Day) 1876 (Year)

8. AGE: Years	Months	Days	If less than one day
65	1	1	hr. min.

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

10. Usual occupation House wife

11. Industry or business —

FATHER
12. Name John Dowdy
13. Birthplace Tenn 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Molley Pinkston
15. Birthplace Tenn 1 (City, town, or county) (State or foreign country)

16. (a) Informant Daughter (Dawsey Brown

(b) Address Dexter R4

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July (Month) 12 (Day) 41 (Year)

(c) Place: burial or cremation Stephens

18. (a) Signature of funeral director Landers Funeral Home

(b) Address Campbell Mo.

19. (a) 7-17-1941 (Date received local registrar) (b) Laura Hopkins (Registrar's signature)

893

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11 year 1941 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from 7-10- 1941, to 7-11- 1941; that I last saw her alive on 7-11- 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia — Duration 3 days

Due to —

Due to —

83d

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

Major findings:
Of operations —

Of autopsy —

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 Dawsey Ryan (M. D. ~~or other~~) 0

Address Bernie Mo Date signed 7-12-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 841-1029
Date Filed 8-9-41

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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

If this body is not embalmed, fact should be so stated above.