DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29653

Registration District No. 880 Primary Registration District No. 6165 Registrar's No. 10

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Dederick (Clear Creek Township)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether years, months or days)
In this community Seven years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Vernon
(c) City or town Dederick
(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 Myrtle Belle Dye
3. (b) If veteran, name war ✓
3. (c) Social Security No. None
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct (Month) 2nd (Day) 1886 (Year)

8. AGE: Years 54 Months 10 Days 27 If less than one day hr. min.

9. Birthplace Montevallo (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business
12. Name B. O. Keithley (Father)
13. Birthplace St Charles Co. (City, town, or county) Missouri (State or foreign country)
14. Maiden name Sarah Hatfield (Mother)
15. Birthplace Henry County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant W. E. Keithley
(b) Address Nevada Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 31 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Newton Burial Park
18. (a) Signature of funeral director Hays Funeral Service
(b) Address Nevada Mo.
19. (a) Aug 30 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 29 year 1941 hour 9 minute 0 M.
21. I hereby certify that I attended the deceased from Dec 26, 1940 to Aug 29, 1941 that I last saw her alive on Aug 29, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ~~Cancer of Liver~~ Cirrhosis of Liver	1 yr
Due to Don't Know	
Due to ✓	
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?
While at work? (Specify type of place) (e) Means of injury
23. Signature J. McTowr (M. D. or other)
Address Nevada, Mo. Date signed 9/6/41

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7,
District File Number 9-41-1654
Date Filed 9-11-41

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 Allen V. Hays

Licensed Embalmer No. 1968

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.