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FIFTEEN OCT 16 1941

Registration District No. 733

Primary Registration District No. 4438

Registrar's No.

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Huntsville Mo
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community life years, months or days)

3. (a) PRINT FULL NAME Rebecca Dygart

3. (b) If veteran, name war..... (c) Social Security No.....

4. Sex Female 5. Color or race negro 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years (Day) (Year)

7. Birth date of deceased Dec. 25 - 1950
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 8 24 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name Henry Johnson

13. Birthplace Randolph Missouri (City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Mrs. Sally Hicks

(b) Address Huntsville, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 22 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Huntsville

18. (a) Signature of funeral director Tom B. Patton

(b) Address Huntsville, Mo

19. (a) 9-30-1941 (Date received local registrar) (b) Dr. D. A. Barnhart (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Huntsville (If outside city or town limits, write "RURAL") 1088
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept tday 19 year 1941 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 12, 1941, to Sept 12, 1941; that I last saw h er alive on Sept 12, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage R 1 mlk

Due to arterio-sclerosis & Hypertension

Other conditions (Include pregnancy within 3 months of death) 30!

Major findings: Of operations none

Of autopsy none

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 P. V. Deyer M.D. (M. D. or other) 0
Address Huntsville Mo Date signed 9/27/41

Duration
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 10-41-1815

Date Filed OCT 11 1941

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 with the above constitutes grounds for revocation of license.)

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