

FILED MAY 8 1942

State File No. _____

Registration District No. _____

Primary Registration District No. 5447-135438

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Taylor Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route # 1 Strafford, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 4 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route # 1 Strafford, Mo.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Orville E. Dykes

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 27 1938
(Month) (Day) (Year)

8. AGE: Years 4 Months 3 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Glenn Lee Dykes

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

14. Maiden name Marie Williams

15. Birthplace Greene County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Carrie Williams

(b) Address Route # 1 Strafford, Mo.

17. (a) Burial (b) Date thereof April 29, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dalborth

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 4-29-42 (b) Harland Harrison
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1942 hour 7 minute 15 a. m.

21. I hereby certify that I attended the deceased from 3-31-42
to 4-11-42, 1942
that I last saw him alive on 4-11-42
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, Congenital
Duration _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 James R. Amos (M. D. or other) _____

Address Springfield, Mo. Date signed 4-30-42

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

MOTHER FATHER

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

Walter E Hamilton

Licensed Embalmer No.

3808

P. O. Address

Springfield 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, fact should be so stated above.