

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 9 1942

Registration District No. 183

Primary Registration District No. 5685

Registrar's No. 15

58
00

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

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Browning Jackson Twp. P.R.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: IX
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X (Specify whether years, months or days)

In this community X

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn

(c) City or town Browning P.R.
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Son of Russell & Vera Van Dyke

3. (b) If veteran, name war X

3. (c) Social Security No. A

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 (Day) (Year)

7. Birth date of deceased Sept 2 1942
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
				<u>7 hr. 30 min.</u>

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

10. Usual occupation _____

11. Industry or business _____

12. Name Russell Stewart Van Dyke

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

14. Maiden name Vera Kate Duncan

15. Birthplace Linn Co Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Russell Stewart Van Dyke

(b) Address Browning, Mo.

17. (a) Burial (b) Date thereof Sept 9 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Botts cemetery

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

(b) Address Whipple, Mo.

19. (a) Sept 14 1942 (b) Geo. H. Hudson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8 year _____ hour 8 minute 0 M.

21. I hereby certify that I attended the deceased from Sept 2 1942 to Sept 2 1942 that I last saw him alive on Sept 2 and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia newborn

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 161a

PHYSICIAN

Major findings: Of operations _____

Of autopsy _____

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.R. Martin (M. D. or other) _____

Address Browning Date signed 9/11/42

1209

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 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, fact should be so stated above.