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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1943

Registration District No. 232

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4347

State File No. 7065

Registrar's No. 28

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

**1. PLACE OF DEATH:**
(a) County: Monts
(b) City or town: Middletown (If outside city or town limits, write "RURAL" and name of township)
(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 — (Specify whether years, months or days) In this community: 1½ days

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: MISSOURI (b) County: PIKE
(c) City or town: "RURAL" HARTFORD TOWNSHIP (If outside city or town limits, write "RURAL")
(d) Street No.: HARTFORD TOWNSHIP (If rural, give location)
(e) If foreign born, how long in U. S. A.? 1½ days ~~years~~

3. (a) PRINT FULL NAME: PAUL NYE
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Infant
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: 2 (Month) 5 (Day) 43 (Year)

8. AGE: Years 0 Months 0 Days 1½ If less than one day ___ hr. ___ min.

9. Birthplace: Middletown (City, town, or county) MO (State or foreign country)
10. Usual occupation: —
11. Industry or business: —
FATHER 12. Name: FRED NYE
FATHER 13. Birthplace: — (City, town, or country) Mo. (State or foreign country)
MOTHER 14. Maiden name: LILLIE SPELLMAN
MOTHER 15. Birthplace: Middletown (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Frank Spellman
(b) Address: Middletown, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 6 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: West Prairie
18. (a) Signature of funeral director: Pritchett & Lube
(b) Address: Middletown Mo.
19. (a) Feb 6, 1943 (Date received local registrar) (b) Mrs Durella Holt (Registrar's signature)

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**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 5 year 1943 hour 7 minute 30 A.M.
21. I hereby certify that I attended the deceased from Feb. 3rd, 1943, to Feb. 5, 1943, that I last saw him alive on Feb. 5, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: CONGENITAL CYANOSIS — Duration
Due to: CARDIAC CONDITION (CONGENITAL)
Due to: PREMATURE BIRTH
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations: 154
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: H. R. Fitts (M. D. or other) DO
Address: Middletown, Mo. Date signed: Feb 6.

(Licensed Embalmer's Statement on Reverse Side)

## 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.**