

U. S. No. 2
DM-9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15248

State File No.

FILED MAY 7 1948

Registration District No. 316

Primary Registration District No. 6975

Registrar's No. 249

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Farmington RURAL, St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo. State Hospital No. 4 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Mo., 17 Das
(Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME JASPER NEWTON DYE

3. (b) If veteran, name war Unknown 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 3 Divorced

6. (b) Name of husband or wife Virgie Dye 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased 11 1 1881
(Month) (Day) (Year)

8. AGE: Years 61 Months 4 Days 15
If less than one day _____ hr. _____ min.

9. Birthplace Holcomb, Route #1 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name John Dye

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

14. Maiden name Sally Ann Rice

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

16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-17-43
(Month) (Day) (Year)

(c) Place: burial or cremation Kennett, Missouri

18. (a) Signature of funeral director Lentz Funeral Home
(b) Address Kennett, Missouri

19. (a) April 14-1943 (Date received local registrar) (b) Byndie Bukhmaster (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16, year 1943 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from January 9, 1943 to March 16, 1943, 19____ and that death occurred on the date and hour stated above.

that I last saw h. im alive on March 15, 1943, 19____
Immediate cause of death Cerebral hemorrhage

Due to Hypertension - Psychosis Duration 3 hrs.

Due to _____ Duration _____

Other conditions 830
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy No. 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 MI
23. Dr. R. Schulte (M. D. or other) _____
State Hosp. Farmington, Mo Date signed 3-16-43

(Licensed Embalmer's Statement on Reverse Side)

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

74
00

94
J
1

0

MOTHER FATHER

1196

RECEIVED

District Health Officer No. 4
District File Number 543-2135
Date Filed 5-5-43

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 Bert J. Miller
Licensed Embalmer No. 3752
P. O. Address Farmington, 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.