

FILED JUN 15 1943

Registration District No.

Primary Registration District No. 3005

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Butler, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: _____ (Specify whether
in this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bates, 7

(c) City or town Butler, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. SM Mechanic
(If rural, give location) 1

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

3. (a) PRINT FULL NAME John Warren Van Dyke

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 15, day 4*
year 1943 hour _____ minute _____ M.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife _____

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

7. Birth date of deceased April 6th 1850
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1941
May 14, 19, 19____ to _____, 19____;
that I last saw him in alive on May 14, 4*, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years 93 Months 1 Days 8 If less than one day _____ hr. _____ min.

Immediate cause of death: Myocarditis

Due to Age

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

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy None

10. Usual occupation retired

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

14. Maiden name Hettie Ensely Missouri

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Sam Barr

(b) Address Butler, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) burial (b) Date thereof May 16 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
Rich Hill, Mo

(c) Place: burial or cremation Culver

(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? _____

18. (a) Signature of funeral director Butler, Mo.

(b) Address _____

While at work? _____ (Specify type of place) _____ (City or town) (County) (State)

19. (a) May 16, 1943 (b) Pauline Compton
(Date received local registrar) (Registrar's signature)

23. Signature Pauline Compton M. D. or other _____
Address Butler, Mo. Date signed 5/15/43

1506

RECEIVED

District Health Officer No. 7,

District File Number 3-43-495

Date Filed 6/8/43

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 *C. E. Curran*

Licensed Embalmer No. 2576

P. O. Address *Butler 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.