

Registration District No. 59

Primary Registration District No. 5219

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Rural Camp Branchville
(c) Name of hospital or institution: 1 mile N.W. of Garden City Mo
(d) Length of stay: 22 years
In this community 22 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass
(c) City or town Rural
(d) Street No. 1 mile N.W. of Garden City
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1943 hour 6 minute 10 P.M.

21. I hereby certify that I attended the deceased from July 25, 1943,
that I last saw him alive on July 25, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Duration 3 days
Due to reflexic bowels 6 wks
Due to apoplexy 10 years
Other conditions: _____
(include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: _____
PHYSICIAN _____
Underlines 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? _____
(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 D. H. Colson (M. D. or other) Dr
Address Adrian Mo Date signed 7/27/43

3. (a) PRINT FULL NAME Reuben Basket Dykes
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex M 5. Color or race W.
6. (a) 1 Single, 1 married, 1 divorced, 1 married

7. (b) Name of husband or wife Lillie (Bridges) Dykes
8. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Feb 20 1866

AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>5</u>	<u>5</u>	hr. _____ min. _____

9. Birthplace White County Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

MOTHER FATHER
11. Industry or business _____
12. Name William Henry Dykes
13. Birthplace Tenn
14. Maiden name Marie Basket
15. Birthplace Tenn

16. (a) Informant Mrs Lillie Dykes
(b) Address Garden City Mo

17. (a) burial (Burial, cremation or removal) (b) Date thereof July 28 43
(c) Place: burial or cremation Crescent Hill Cemetery

18. (a) Signature of funeral director Atkinson Bros
(b) Address Adrian Mo

19. (a) Aug 3, 1943 (b) Margaret Valle
(Date received local registrar) (Registrar's signature)

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

1900

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed

Floyd Atkinson

Licensed Embalmer No.

3920

P. O. Address

Harrisonville

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, above space should be left blank.