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5-17-43  
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34786

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

NOV 6 1943

Registration District No. 132

Primary Registration District No. 3021

Registrar's No. 139

1. PLACE OF DEATH:

(a) County GRUNDY

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

(c) Name of hospital or institution:  
418 W. 12" 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 LIFE  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County GRUNDY 40

(c) City or town TRENTON  
(If outside city or town limits, write "RURAL")

(d) Street No. 418 W. 12"  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_  
If yes, name country \_\_\_\_\_ (Yes or No) 0

3. (a) PRINT FULL NAME ELIZA JANE DYE

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex FE. 5. Color or race W.

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

6. (b) Name of husband or wife W. E. DYE

6. (c) Age of husband or wife if alive 92 years

7. Birth date of deceased JAN 17 1857  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

86 8 29 hr. \_\_\_\_\_ min.

9. Birthplace SULLIVAN CO. MO  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business None

MOTHER FATHER { 12. Name JOHN MOBERLY

13. Birthplace DO NOT KNOW KY 1  
(City, town, or county) (State or foreign country)

14. Maiden name AGNES HALEY

15. Birthplace DO NOT KNOW S. CAROLINA  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs ALICE DYE

(b) Address TRENTON MO.

17. (a) BURIAL (b) Date thereof 10/19/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation K.P. CEM. TRENTON MO

18. (a) Signature of funeral director GIBSON FUN. HOME

(b) Address TRENTON MO.

19. (a) 10-19-43 (b) L. J. Roberts  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 16 year 1943 hour 5 minute P M.

21. I hereby certify that I attended the deceased from Jan 1942 to Oct 16 1943 that I last saw her alive on Oct 16 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Organic Disease of Heart Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Chronic Bronchitis Year \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy 92d

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 \_\_\_\_\_

23. Signature J. J. Reeks (M. D. or other) \_\_\_\_\_  
Address Trenton Mo Date signed 10/19/43

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

10  
1  
2

1330

(Licensed Embalmer's Statement on Reverse Side)

MAR 1 1949

**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 E. M. Joiner

Licensed Embalmer No. 3453

P. O. Address Trenton, N.J.

**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.**