

FILED JAN 10 1944

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 326

1. PLACE OF DEATH:

(a) County Adair  
(b) City or town Kirksville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Stickler Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days  
In this community Most of Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair  
(c) City or town Kirksville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1216 N. Franklin  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Please June Dye

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Warren Dye 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 9 1851  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
92 0 7 hr. min.

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

10. Usual occupation Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Daniel Hamilton

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

14. Maiden name Nancy Unknown

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

16. (a) Informant Glen Dye

(b) Address Gibbs

17. (a) Burial (b) Date thereof 12/18/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bullion Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Kirksville, Mo.

19. (a) 12/27/43 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16  
year 1943 hour 8:00 minute A: M.

21. I hereby certify that I attended the deceased from Dec. 12, 43 to Dec. 16, 1943  
that I last saw her alive on Dec. 16, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia Bacterial  
Myocarditis Chronic

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations [Signature]  
Of autopsy \_\_\_\_\_

Duration 1 wk  
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 [Signature] (M. D. or other) [Signature]  
Address Kirksville Mo Date signed \_\_\_\_\_

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

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JAN 2 01944

RECEIVED

District Health Officer No. 10

District File Number 1-44-19

Date Filed JAN 7 1944

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 Laura Riley

Licensed Embalmer No. 3907

P. O. Address Kirksvill 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.