S. No. 2
M—2-43
5-17-39
P I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22174

FILED JUL 11 1944

Registration District No. 1

Primary Registration District No. 5-86-7-4,385 Registrar's No.

1. PLACE OF DEATH:

(a) County Oregon

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

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

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 24 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 7.5

(c) City or town Koshkonong 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Joseph Franklin Dye

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Cordie Hammonds

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased April (Month) 11 (Day) 1860 (Year)

8. AGE: Years 84 Months 1 Days 1 If less than one day hr. min.

9. Birthplace (City, town, or county) 1 Indiana (State or foreign country)

10. Usual occupation Retired Laborer

11. Industry or business

FATHER
12. Name Shed Dye 1
13. Birthplace (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country) 0

16. (a) Informant Mrs. J. F. Dye 1
(b) Address Koshkonong, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/14/44 (Month) (Day) (Year)
(c) Place: burial or cremation Koshkonong Cem.

18. (a) Signature of funeral director Leo Carr
(b) Address Thayer, Mo.

19. (a) 6-15-44 (Date received local registrar) (b) Fae D. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1944 hour 9 minute 00 P. M.

21. I hereby certify that I attended the deceased from April 15 1944 to May 9 1944
that I last saw him alive on May 9 1944
and that death occurred on the date and hour stated above.

Immediate cause of death C. A. of Larynx

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

47a

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Mitchell Blanch (M. D. or other)
Address Mammoth Spg., Ark. Date signed June 15 '44

1112 (Licensed Embalmer's Statement on Reverse Side)

Blanch

RECEIVED
District Health Officer No. 5
District File Number 744488
Date Filed 7.18.44

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.....

Licensed Embalmer No.....

P. O. Address.....

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.