V. S. No. 2
100M—2-43
Rev. 5-17-39
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. 24283

FILED AUG 10 1944

Registration District No. 47

Primary Registration District No. 4068

Registrar's No. 248

1. PLACE OF DEATH:
(a) County CALLAWAY
(b) City or town MOKANE
(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 LIFE years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CALLAWAY 14
(c) City or town MOKANE 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JAMES BRUCE LYDICK
3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex MALE
5. Color or race White
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARY HUMPHREY 1875
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased July (Month) 19 (Day) 1868 (Year)

8. AGE: Years 76 Months 0 Days 10 If less than one day hr. min.

9. Birthplace FULTON (City, town, or county) MO. (State or foreign country)
10. Usual occupation FARMER
11. Industry or business
FATHER
12. Name WILLIAM LYDICK
13. Birthplace (City, town, or county) W. VIR. (State or foreign country)
MOTHER
14. Maiden name SARAH SCOTT
15. Birthplace (City, town, or county) W. VIR. (State or foreign country)
16. (a) Informant MRS. J. B. LYDICK
(b) Address MOKANE, MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 31 1944 (Month) (Day) (Year)
(c) Place: burial or cremation MOKANE, MO
18. (a) Signature of funeral director Glen Y. Maupin
(b) Address 712 Court St. Fulton, Mo.
19. (a) July 31-1944 (Date received local registrar) (b) Jose Mosenkoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1944 hour one minute 30 a. M.
21. I hereby certify that I attended the deceased from July 1, 1944 to July 30, 1944 that I last saw him alive on July 29, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death apoplexy	
State & paralysis	
Unconscious or Coma	4 days
Due to Hardening of Arteries (Arteriosclerosis)	1 year
Due to Mass in Left Abdomen	
Other conditions (Include pregnancy within 3 months of death)	

8301

Major findings:
Of operations
Of autopsy Amenorrhea [illegible] (Hardening of Arteries)

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature W. H. W. [illegible] (M. D. or other)
Address Mokane Mo Date signed 7-30-44

1167

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number

Date Filed 8-9-44

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 Glen H. Maupin

Licensed Embalmer No. 2725

P. O. Address Fulton, 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.