

FILED OCT 24 1944

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Devine Brothers Clinic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days 0
(Specify whether
In this community 10 days
years, months or days)

3. (a) PRINT FULL NAME Henry S. Dye
3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Ruth Helen Dye
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased June 19th 1874
(Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 16
If less than one day
hr. min.

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

10. Usual occupation Retired

11. Industry or business Hardware Merchant

MOTHER FATHER
12. Name Andrew Dye
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruth Helen Dye
(b) Address Aredale, Iowa

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-6-44
(Month) (Day) (Year)

(c) Place: burial or cremation Hampton, Iowa

18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Mo.

19. (a) 10-5-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Iowa (b) County 99th
(c) City or town Aredale 13
(If outside city or town limits, write "RURAL") 0
(d) Street No. no
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 5
year 1944 hour 6 minute 4:5 P.M.
21. I hereby certify that I attended the deceased from 9-27-44
1944 to Oct 5 1944
that I last saw him alive on Oct 5 and that death occurred on the date and hour stated above.

Immediate cause of death
Myocardial failure Duration 8 hours
Due to Prostate Resection 2 years
Due to recurrent benign urinary retention 1 year
Other conditions 1370
(Include pregnancy within 3 months of death)

Major findings:
Of operations Prostatectomy + hypertrophy
Of autopsy 1370
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. Dineen (M.D. or other) no
Address 918 Oak St. Mo. Date signed 10-5-44

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

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

Joseph R. Hunt, Registered Apprentice No. *364*
working under my personal supervision.

Signed

Elmer C. Wedelin

Licensed Embalmer No.

3495

P. O. Address

H. C. 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.