

SS No. 2  
DM-2-43  
v. 5-17-39  
X35697

FILED JAN 19 1945  
Registration District No. 300

Primary Registration District No. 3076

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

1. PLACE OF DEATH:

(a) County Clermont

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clermont

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

(d) Street No. 7111 West Walnut  
(If rural, give location)

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

3. (a) PRINT FULL NAME Namie Dye

(b) If veteran, name war  (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17th  
year 1944 hour 11:00 minute 15A.M.

21. I hereby certify that I attended the deceased from  
1944 to Nov 17 1944  
that I last saw her alive on Nov. 14 1944  
and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased March 9 1855  
(Month) (Day) (Year)

Immediate cause of death Cardiac failure  
Due to Myocarditis  
Due to Old age

Other conditions (Include pregnancy within 3 months of death) 1

Major findings: Of operations 932

Of autopsy 1

8. AGE: Years 89 Months 8 Days 8 If less than one day br. min.

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

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business

12. Name Thomas Purdy

13. Birthplace Clermont New York  
(City, town, or county) (State or foreign country)

14. Maiden name Thomas Louisa Gray

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

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

16. (a) Informant Miss Joe Dye

(b) Address Nevada Missouri

17. (a) Burial (b) Date thereof Nov. 19 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Burial Park

18. (a) Signature of funeral director Allen J. Stump

(b) Address Nevada Missouri

19. (a) 12-7-44 (b) Dozel B. Burch  
(Date received local registrar) (Registrar's signature)

Physician 932

Underline the cause to which death should be charged statistically.

23. Signature W. King (M. D. or other)  
Address Nevada, Mo Date signed

RECEIVED

Dist. \_\_\_\_\_ Officer No. 7,

District No. \_\_\_\_\_ 12-44-1458

Date Filed \_\_\_\_\_ 1-8-45

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**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 Allen J. Kays.....

Licensed Embalmer No. 1968.....

P. O. Address Nevada 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.**