

FILED MAR 12 1945
Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 16

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

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mexico General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. S. Jefferson
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John San Dyke

3. (b) If veteran, name war No 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Neva Wright Dyke 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 10, 1904 (Year)

8. AGE: Years 40 Months 4 Days 24 If less than one day hr. _____ min.

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

10. Usual occupation Machinist

11. Industry or business A. P. Green Fire Brick Co.

MOTHER FATHER

12. Name John Dyke

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

14. Maiden name Minervia Kelly

15. Birthplace Monroe Co., La. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Neva Dyke

(b) Address Mexico, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/4/45 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Wm Arnold

(b) Address Mexico, Mo.

19. (a) 2-4-45 (Date received local registrar) (b) Margaret & Mackie (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3 year 1945 hour 1 minute A. M.

21. I hereby certify that I attended the deceased from Jan. 26, 1945 to Feb. 3, 1945 that I last saw him alive on Feb 3, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death General Peritonitis Duration 8 days

Due to Perforated gastric ulcer

Due to HPD

Other conditions Acute Pancreatitis (include pregnancy within 3 months of death)

Major findings: Of operations Perforated gastric ulcer Pan hepatitis Of autopsy Acute Pancreatitis 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. S. Shuman (M. D. or other) MD

Address Mexico Mo Date signed 2-4-45

1074

RECEIVED

District Health Officer No. 10

District File Number 2-45-472

Date Filed MAR 8 1945

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 Chas. Amundson

Licensed Embalmer No. 3569

P. O. Address Merica 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.