. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20095

State File No.

FILED JUN 14 1945

Registration District No. Primary Registration District No. 5236 Registrar's No. 30

1. PLACE OF DEATH:
(a) County: Cedar
(b) City or town: Rural - Box Township
(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 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cedar
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: Box Township
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Martha B Dick
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: Female
5. Color or race: white
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband ~~or wife~~: Charles R Dick
6. (c) Age of husband or ~~wife~~ if alive: 76 years
7. Birth date of deceased: March (Month) 22 (Day) 1874 (Year)

8. AGE: Years 71 Months 2 Days 28 If less than one day hr. min.

9. Birthplace: Ill (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business

MOTHER FATHER
12. Name: Reuben Vandewater
13. Birthplace: Ill (City, town, or county) (State or foreign country)
14. Maiden name: Malinda Biggs
15. Birthplace: Ill (City, town, or county) (State or foreign country)

16. (a) Informant: Charles R Dick
(b) Address: El Dorado Springs, mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 22 1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Clintonville, Cem
18. (a) Signature of funeral director: Evins Sides
(b) Address: El Dorado Springs, mo
19. (a) 6/22/45 (Date received local registrar) (b) L. I. Dunaway (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20 year 1945 hour 6 minute P.M.
21. I hereby certify that I attended the deceased from May, 1945 to June 20, 1945 that I last saw h. alive on June 20, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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. L. Dawson (M. D. ~~or other~~)
Address: El Dorado Sprgs Date signed 6-22-45

1045 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 6-45-708
Date Filed 7-13-45

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 O B Sides

Licensed Embalmer No. 3260

P. O. Address Cl Pora Do Springs 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.