S. No. 2
M—8-43
. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 30 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38270

Registration District No. 291 Primary Registration District No. 5995 Registrar's No. 60

1. PLACE OF DEATH:
(a) County Putnam
(b) City or town Rural Sherman 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 65 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Putnam 86
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Powersville, Mo. 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME L. G. Van Dyne
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie Van Dyne
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased November (Month) 12 (Day) 1877 (Year)

8. AGE: Years 67 Months 10 Days 1 If less than one day hr. min.

9. Birthplace Clark Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farm
MOTHER FATHER
12. Name Isaac Van Dyne
13. Birthplace Ohio (City, town, or county) (State or foreign country)
14. Maiden name Eliza Carter
15. Birthplace Illinois (City, town, or county) (State or foreign country)
16. (a) Informant Raymond Van Dyne
(b) Address Unionville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 13-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Torrey Cemetery
18. (a) Signature of funeral director Comstock Funeral Home
(b) Address Unionville, Mo By John N Comstock
19. (a) 10-30-45 (Date received local registrar) (b) Maxwell Durham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 13 year 1945 hour 2 minute 30 A.M.
21. I hereby certify that I attended the deceased from Sept 12, 1945 to Sept 13, 1945 that I last saw alive on Sept 12, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature L. W. McDonald (M.D. or other) DO
Address Unionville, Mo Date signed 9/5/45

1832 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-45-1710
Date Filed NOV 27 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 John N. Comstock

Licensed Embalmer No. 3891

P. O. Address Unionville, 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.