

S. No. 2  
1-8-43  
5-17-39  
P I X37823

FILED MAY 27 1946  
Registration District No. 358

Primary Registration District No. 6148

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Stoddard

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

(c) Name of hospital or institution: Bloomfield Mo, R-11  
(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 Stoddard

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

(d) Street No. Route # 1  
(If rural, give location)

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

3. (a) PRINT FULL NAME Elesia Ann Dykes

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31  
year 1946 hour 2 minute 30 P. M.

4. Sex female 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 February 5 1859  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 20, 1946 to March 27, 1946  
that I last saw her alive on March 27, 1946  
and that death occurred on the date and hour stated above.

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

87 1 24 hr. \_\_\_\_\_ min.

Immediate cause of death Chronic myo carditis Duration 15 yrs

Due to \_\_\_\_\_

9. Birthplace Stoddard County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Other conditions arteriosclerosis of aorta 70 yrs

(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name unknown

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

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

Major findings: None performed

Of operations \_\_\_\_\_

Of autopsy none performed

16. (a) Informant Mrs Ben Hardy

(b) Address Bloomfield Mo R 1

17. (a) Burial (b) Date thereof April 1 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation north Antioch Cem

18. (a) Signature of funeral director Watkins Funeral Home

(b) Address Bloomfield Missouri

19. (a) April 1, 1946 (b) Rose Weber  
(Date received local registrar) (Registrar's signature)

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 0

23. Signature 20. 20ms (M. D. or other) MO  
Address Bloomfield Mo Date signed 4-2-46

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

14318

**RECEIVED**

District Health Office No. 2,

District File Number 546-558

Date Filed 5-6-46

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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..... *Lynn Steele*

Licensed Embalmer No. 2476

P. O. Address Dexter 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.**