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

15285

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16398

FILED MAY 16 1946

Registration District No. 32 Primary Registration District No. 3021 Registrar's No.

1. PLACE OF DEATH:

(a) County Grundy

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

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

(d) Length of stay: In hospital or institution 2 hours (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Grundy

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

(d) Street No. 110 W Crowder Road
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Clarence Edward Dye

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife —

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

7. Birth date of deceased 3 - 28 - 46 (Month) (Day) (Year)

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

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

10. Usual occupation —

11. Industry or business —

MOTHER FATHER

12. Name James Robert Dye

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

14. Maiden name Juanita Ellis

15. Birthplace Trenton Mo (City, town, or county) (State or foreign country)

16. (a) Informant Father

(b) Address Trenton Mo

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 3-28-46 (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director (Buried by Father)

(b) Address

19. (a) 3-28-46 (Date received local registrar) (b) Irene Fair (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 28 year 46 hour 6 minute 30 a.m.

21. I hereby certify that I attended the deceased from 3-28- 1946, to 3-28- 1946, that I last saw him alive on 3-28- 1946 and that death occurred on the date and hour stated above.

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

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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 Wm A Wilson (M. D. or other) MD

Address Trenton Mo Date signed 4-1-46

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(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.