

FILED AUG 5 1946 STANDARD CERTIFICATE OF DEATH

State File No. 24216

Registration District No. 183

Primary Registration District No. 4297

Registrar's No.

1. PLACE OF DEATH:
 Linn
 (a) County
 Purdin
 (b) City or town
 (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. 44 Years (Specify whether years, months or days)
 In this community

3. (a) PRINT FULL NAME Urbane C. Dryden
 (b) If veteran, name war
 (c) Social Security No.

4. Sex M
 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Eva May Dryden
 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased: Nov. 9 1875 (Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 22 If less than one day hr. min. Mo 0
 Linn Co.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name David C. Dryden Mo. 0
 13. Birthplace Lucy A. Adams (State or foreign country)
 14. Maiden name Ohio
 15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eva May Dryden Purdin, Mo.
 (b) Address

17. (a) Burial (b) Date thereof 7 5-46 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Dryden Cem. Wade Funeral Home

18. (a) Signature of funeral director Browning, Mo.
 (b) Address

19. (a) July 16, 1946 (Date received local registrar) (b) Elva Crookshaw (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 Missouri Linn 58
 (a) State (b) County
 Purdin
 (c) City or town (If outside city or town limits, write "RURAL.")
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 1 year 1946 hour 7 minute 25 p. M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw h. alive on and that death occurred on the date and hour stated above.

Immediate cause of death: Arterial Sclerosis
 Due to: The deceased was a M.P. no doctor had doctor'd him the information was gotten by the undertaker
 Other conditions: under takes
 (Include pregnancy within 3 months of death)

Major findings: Of operations 97
 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) no doctor present
 (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 Elva Crookshaw (M.D. or other)
 Address Browning Linn Date signed July 2, 1946

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

APR 30 1950

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 Gerald I Wake
Licensed Embalmer No. 4172
P. O. Address Browning

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.