

S. No. 2
 1-12-45
 5-17-39
 I X47070

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

FILED APR 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

9902

State File No. _____

Registration District No. 187

Primary Registration District No. 52966

Registrar's No. 49

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

1. PLACE OF DEATH:

(a) County Livingston
 (b) City or town (RURAL) Jackson Township
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
R.R. #3 Chillicothe, Missouri.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 77 years years, months or days)

3. (a) PRINT FULL NAME GRANT DYE

3. (b) If veteran. name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Alice Dye 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased January 29th 1870
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>2</u>	<u>3</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER { 12. Name Martin Dye

{ 13. Birthplace Unknown Indiana.
 (City, town, or county) (State or foreign country)

{ 14. Maiden name Smith

{ 15. Birthplace Unknown Indiana.
 (City, town, or county) (State or foreign country)

16. (a) Informant Roy Dye
 (b) Address Sampsel, Missouri.

17. (a) Burial (b) Date thereof 4-4-47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Locks Springs, Mo.

18. (a) Signature of funeral director. Norman Funeral Home
 (b) Address Chillicothe, Missouri.

19. (a) April 4-47 (b) Frances B Neill
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Livingston.
 (c) City or town (RURAL) Jackson Township
 (If outside city or town limits, write "RURAL")
 (d) Street No. R.R. #3 Chillicothe, Mo.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd.
 year 1947 hour 11:00 minute 0 A: M.

21. I hereby certify that I attended the deceased from 11th July
1945, to April 2, 1947
 that I last saw him alive on 27th March, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to _____	Duration _____
Due to _____	Duration _____

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 0

23. Signature H. D. Duvell (M. D. or other)
 Address Chillicothe, Mo. Date signed 4-4-47

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.....

..... Elton F. Norman, Registered Apprentice No.....
working under my personal supervision.

Signed Elton F. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri.

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.