S. No. 2
M—8-43
. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 14 1947

Registration District No. 267

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14423

Primary Registration District No. 3049

Registrar's No. 17

1. PLACE OF DEATH:

(a) County: Pemiscot

(b) City or town: Hayti (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 ..... In this community 48 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Pemiscot

(c) City or town: Rural (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 .....

3. (a) PRINT FULL NAME: NANCY E. DYE

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female

5. 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: May 5th, 1875 (Month) (Day) (Year)

8. AGE: Years 71 | Months 10 | Days 11 | If less than one day ..... hr. ..... min.

9. Birthplace: Webster County (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: —

FATHER
12. Name: John Vaughn
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Wallace
15. Birthplace: Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant: Warren H. Beck
(b) Address: Hayti, Mo Rt #1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/18/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Woodlawn Cem. Hayti, Mo

18. (a) Signature of funeral director: Valhalla Funeral Home
(b) Address: Hayti, Mo Box 424

19. (a) 5-9-47 (Date received local registrar) (b) L. K. Ellis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th year 1947 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from 3/12 1947 to 3/16 1947 that I last saw her alive on 3/16 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchio pneumonia — Duration 4 days

Due to: .....

Due to: .....

Other conditions (Include pregnancy within 3 months of death): Senility

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. D. Denton (M. D. or other) MD

Address: Hayti Mo Date signed 3/19/47

(Licensed Embalmer's Statement on Reverse Side)

5-12-158

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 H. German

Licensed Embalmer No. 4355

P. O. Address Hayti, Mo Box 424

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.