

No. 2
5-43
5-17-39
X36871

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35065**
Registrar's No. **78**

FILED NOV 10 1947

Registration District No. **210**

Primary Registration District No. **4321**

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

1. PLACE OF DEATH:

(a) County Mercer

(b) City or town Mercer
(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 _____
(Specify whether years, months or days)

In this community 77 years 4 Months 17 Days

3. (a) PRINT FULL NAME Flora Ellen Dykes

3. (b) If veteran, name war _____ 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 R. G. Dykes 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 7, 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>4</u>	<u>17</u>	hr. _____ min. _____

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

10. Usual occupation Housekeeper

11. Industry or business Own Home

MOTHER FATHER

12. Name Milton Ragan

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

14. Maiden name Delphia Jones

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

16. (a) Informant Audrey Mackey

(b) Address main st. No. 216

17. (a) Burial (b) Date thereof Oct. 26/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Early Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Lineville, Iowa

19. (a) 10-31-47 (b) M. J. Rutledge
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mercer **65**

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

(d) Street No. _____
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24
year 1947 hour 2 minute _____ P.M.

21. I hereby certify that I attended the deceased from Oct. 24
1947 to Oct. 24, 1947
that I last saw her alive on Oct. 24, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial failure hrs

Duration _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: [Signature]

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury 2

23. Signature Geo. J. Lawson M.D. (Other) _____

Address Mercer, MO Date signed 10-25-47

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, ~~only~~.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Amos L. Grumble*.....
Licensed Embalmer No. *3967*.....
P. O. Address *Linnville Iowa*.....

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.