No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 21 1948

Registration District No. 209

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3043

State File No. 1758

Registrar's No. 10

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

1. PLACE OF DEATH:

(a) County Marion

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

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

(d) Length of stay: In hospital or institution 6 weeks (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Pike 999

(c) City or town Hull 11
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Arthur James Dyke

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Luella Dyke

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

7. Birth date of deceased August 19, 1867 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	4	19	hr. min.

9. Birthplace Pike County Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business xx

FATHER
12. Name Noble Dyke
13. Birthplace Pike County Illinois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Delia Turner
15. Birthplace England (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Luella Dyke
(b) Address Hull Illinois

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/10/48 (Month) (Day) (Year)
(c) Place: burial or cremation Akers Chapel Pike Co Ill

18. (a) Signature of funeral director M Crawford Smith
(b) Address 902 Broadway Hannibal

19. (a) 1-8-48 (Date received local registrar) (b) Dr E M Lucke (Registrar's signature) 109

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8
year 1948 hour 9 minute 15 A. M.

21. I hereby certify that I attended the deceased from 11-24, 1947, to 1-8, 1948;
that I last saw him alive on 1-8, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Terminal Uremia	2 months
Due to Arteriosclerotic nephritis	?
Due to Arteriosclerotic heart disease	?
Other conditions Prostatic Hypertrophy (Include pregnancy within 3 months of death)	?

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause of 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 L Brum (M. D. or other)

Address 100 N 6th Date signed 1/8/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 John S Ward, Registered Apprentice No. 38 working under my personal supervision.

Signed W. Crawford Smith

Licensed Embalmer No. 3814

P. O. Address Hannibal 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.