No. 2
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17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

7954

State File No.

FILED MAR 29 1948

Registration District No. 42 — Primary Registration District No. 5134 — Registrar's No. 359

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: Rural, Washington Twsp. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Huntoon Road, St. Joseph (If not in hospital or institution, write street, number or location)

(d) Length of stay: In hospital or institution: home (Specify whether)

In this community: 54 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town: St. Joseph, rural (If outside city or town limits, write "RURAL")

(d) Street No.: Huntoon Road (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Ollie Chloe Dycus

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

3. (c) Social Security No.: no

4. Sex: Female

5. Color or race: white

6. (a) Single, widowed, married, divorced: widow

6. (b) Name of husband or wife: Oscar

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

7. Birth date of deceased: July 2 1883 (Month) (Day) (Year)

8. AGE: Years 64 | Months 8 | Days 3 | If less than one day: hr. min.

9. Birthplace: Guilford, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: housewife

11. Industry or business: home

FATHER
12. Name: Silas Roe
13. Birthplace: unknown (City, town, or county) unknown (State or foreign country)

MOTHER
14. Maiden name: unknown
15. Birthplace: Guilford, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Dollie Pittam
(b) Address: Huntoon Road, St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-8-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Auburn Cemetery

18. (a) Signature of funeral director: Barry Funeral Home
(b) Address: St. Joseph, Mo.

19. (a) 3-25-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 582

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5 year 1948 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from DECEMBER 27, 1947, to MARCH 4, 1948; that I last saw him alive on MARCH 4, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: CARCINOMA, METASTATIC, GENERALIZED	1 MONTH
Due to: CARCINOMA, STOMACH	18 MOS.
Due to:	
Other conditions: DIABETES MELLITUS (Include pregnancy within 3 months of death)	8 YRS

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

23. Signature: Allen Sherman (M. D. or other) MD
Address: 1302 Faraon St. Date signed 3-8-48 St. Joseph, Missouri.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

AUG 4 1948

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 Victor Barry

Licensed Embalmer No. 4212

P. O. Address S T Joseph Mo

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.