

FILED FEB 1 1949

Registration District No. 314

Primary Registration District No. 6064 4459

Registrar's No. 1-111949

## 1. PLACE OF DEATH:

(a) County St. Clair

(b) City or town Osceola  
(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 Most of life

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair 73

(c) City or town Appleton City (Rural) 0  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Joe Van Dyke

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color or race Whit

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

6. (b) Name of husband or wife Elizabeth Van Dyke

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased February 5 1871  
(Month) (Day) (Year)

8. AGE: Years 77 Months 5 Days 4 If less than one day  
.....hr. ....min.

9. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

## 11. Industry or business

12. Name John Van Dyke

13. Birthplace Deleware 1  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Wilson

15. Birthplace Ohio 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Van Dyke

(b) Address Osceola Missouri

17. (a) Burial (b) Date thereof 7/12/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Burial or cremation Osceola Cemetery

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

(b) Address Osceola Missouri

19. (a) 2-5-1949 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10  
year 1948 hour 5 minute P M.

21. I hereby certify that I attended the deceased from 6/12, 1948, to 7/10, 1948  
that I last saw him alive on 7/10, 1948  
and that death occurred on the date and hour stated above.

## Immediate cause of death

Chronic Endocarditis

Due to Similar

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 4214

## Major findings:

Of operations \_\_\_\_\_

Of autopsy 9214

## 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 \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address Osceola Mo Date signed 7/14/48

RECEIVED  
District Health Officer No. 7,  
District File Number 1-19-54  
Date Filed 2-11-49

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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 F B [Signature]

Licensed Embalmer No. 3038

P. O. Address [Signature]

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.