

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 8 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8144

State File No. ....

Registration District No. 66

Primary Registration District No. 5256

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Chariton  
(b) City or town Rural Cunningham  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Summer Rural Route  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 (Specify whether  
In this community 80 yrs years, months or days)

3. (a) PRINT FULL NAME MARY JANE DRYDEN

3. (b) If veteran, name war. .... 3. (c) Social Security No. ....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife Husband 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased April 10 1855  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
92 11 11 hr. min.

9. Birthplace West Point Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

12. Name Adam Stutsman  
13. Birthplace Not known  
(City, town, or county) (State or foreign country)  
14. Maiden name Nancy Cassady  
15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant A. J. Dryden  
(b) Address Summer, Mo.  
17. (a) Burial (b) Date thereof March 23/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Dryden Cem. near Co.

18. (a) Signature of funeral director W. J. Stutsman  
(b) Address Galilee, Tenn. Co. Mo.  
19. (a) Mar 23 '48 (b) Marcha Clark  
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton  
(c) City or town Rural Cunningham  
(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 March day 21st  
year 1948 hour 4 minute AM  
21. I hereby certify that I attended the deceased from  
Jan 17, 1948 to March 21, 1948  
that I last saw him alive on March 21, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Simple cessation of respiration & cardiac action  
Due to Senility  
Due to Never had any illness of any kind.  
Other conditions (Include pregnancy within 3 months of death) —

Major findings:  
Of operations 4/6/48  
Of autopsy —  
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? — Means of injury —  
23. Signature John W. Hardy (M. D. or other) —  
Address Summer Mo. Date signed 3/23/48

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 4-7-48

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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.....

W. R. Wright....., Registered Apprentice No. 207,  
working under my personal supervision.

Signed W. G. Sharn.....

Licensed Embalmer No. 2876

P. O. Address Leeds, 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.