

Registration District No. 571 Primary Registration District No. 4335 Registrar's No.

1. PLACE OF DEATH:

(a) County Monterey  
(b) City or town California  
(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)  
In this community 10 year years, months or days

3. (a) PRINT FULL NAME Roscoe Ballard Van Dike

3. (b) If veteran, World War name war 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or W race 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lucile 6. (c) Age of husband or wife if 47 years alive

7. Birth date of deceased Apr 6 - 1891 (Month) (Day) (Year)

8. AGE: Years 50 Months 1 Days 5 If less than one day hr. min.

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

10. Usual occupation Salesman

11. Industry or business

12. Name Robert Bruce Van Dike

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

14. Maiden name Macon MO (City, town, or county) (State or foreign country)

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

16. (a) Informant Lucile Van Dike

(b) Address California MO

17. (a) Buried (b) Date thereof 6/13/41 (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cemetery

18. (a) Signature of funeral director William D. Gentry

(b) Address California MO

19. (a) 6-13-41 (Date received local registrar) (b) A. R. Popejoy (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Monterey  
(c) City or town California MO  
(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 June day 11  
year 1941 hour 11:45 minute 25.2 M.

21. I hereby certify that I attended the deceased from June 4, 1941 to June 11, 1941,  
that I last saw him alive on June 11, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Intra cranial Duration 12 hrs  
chronic

Due to stomach 2 day

Due to large ventral hernia 4 years

Other conditions 43 lb  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) \_\_\_\_\_

(e) Means of injury \_\_\_\_\_

23. Signature J. R. Bursch Jr. (M. D. or other) \_\_\_\_\_

Address California MO Date signed 6/13/41

MAR 29 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

*H E Friedmeyer*

Licensed Embalmer No.

*2854*

P. O. Address

*California m*

**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.**