

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. 1538  
 Township Raw Primary Registration District No. 1002 Registered No. 226  
 City Kansas City (No. 71 Highway & Prospect) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Carl Theodore Hyre, Jr. 600  
 (a) Residence, No. 620 West 69th St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3, 1923

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hra. or .....min.  
14 7 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Carl Theodore Hyre

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Missouri

15. MAIDEN NAME Frances Oliver

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City Missouri

17. INFORMANT Irl T. Oliver (Grandfather)  
 (ADDRESS) 620 West 69th St., Kansas Cy., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jefferson Cy., Mo DATE Jan. 15, 1938

19. UNDERTAKER Stine & McClure  
 (ADDRESS) Kansas City, Missouri

20. FILED Jan 16, 1938 M. M. Brown  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_

I last saw h..... alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ P. m. 8:30

The principal cause of death and related causes of importance were as follows:

Automobile trauma  
Crushing injury of the chest  
 Date of onset \_\_\_\_\_

Other contributory causes of importance: 210m  
W 28

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Autopsy Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence, fill in all the following: Accident, suicide, or homicide) \_\_\_\_\_ Date of injury 1/13/38

Where did injury occur Highway 71 + Prospect - Kansas City, Mo (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place no

Manner of injury Motor Car Trauma  
 Nature of injury \_\_\_\_\_

24. Was disease of \_\_\_\_\_ injury or related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_  
 (Signed) [Signature] \_\_\_\_\_, M. D.  
 (Address) [Address]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

FEB 18 1937

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