REC'D FEB 21 1939

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

1638
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan — Registration District No. 85
(b) Township — Primary Registration District No. 1001 — Registered No. 36
(c) City St. Joseph — (d) Street No. 1409 S.13th. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 27 yrs. 0 mos. 17 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Francis Marion Dycus
(a) Residence, No. 1409 S.13th. St.
(Usual place of abode, if no street address, write county or city) (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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 26, 1911.
7. AGE: Years 27 — Months 0 — Days 17 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Musician
9. Industry or business in which work was done, as saw mill, bank, etc. Band.
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) St. Joseph Missouri. 0

FATHER
13. NAME Bert Dycus 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Missouri 0

MOTHER
15. MAIDEN NAME Etta Corwin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maysville Missouri

17. INFORMANT (ADDRESS) Mrs. Gus Steele 1408 S.14th.Str. St.Joseph,Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph, Mo. DATE Mt. Auburn Cemetery January 16 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) H.O.Sidenfaden & Son 1802 Union Str. St.Joseph,Mo.
20. FILED Jan 13, 1939 H J Westebush Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 13, 1939.
22. I HEREBY CERTIFY, That I attended deceased from Nov. 2nd, 1938, to Jan. 13, 1939
I last saw him alive on Jan. 11, 1939. Death is said to have occurred on the date stated above, at 7:45A m.
The principal cause of death and related causes of importance were as follows:

Carcinoma (Lung) — Date of onset Sept. 38

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Other contributory causes of importance:

Carcinomatosis (General)

Name of operation — Date of
What test confirmed diagnosis? X-Ray clinical — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Floyd H. Lemon, M. D.
(Address) Central Bldg - St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

**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, .....

Elbert E.Harrington, or by **********

Registered Apprentice No. **********, working under my personal supervision.

Signed Elbert E. Harrington

Licensed Embalmer No. 3258.

P. O. Address 1802 Union St.St.Jose

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**