

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 23 1940
Registration District No. 347

Primary Registration District No. 3029

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Harrison, MO
(c) Name of hospital or institution Levering Hospital
(d) Length of stay: In hospital or institution 1 hr.
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Marion
(c) City or town Harrison, MO
(d) Street No. 1242 Broadway
(e) If foreign born, how long in U. S. A. _____ years

8. (a) PRINT FULL NAME John William Dyer
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 29 year 1940 hour _____ minute 3:30 P.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Agnes 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased Nov. 14 1882

21. I hereby certify that I attended the deceased from 2-29-40 to 2-29-40, 19____; that I last saw him dead and that death occurred on the date and hour stated above.
Immediate cause of death Probably cerebral Duration _____

8. AGE: Years 57 Months 3 Days 15 If less than one day hr. _____ min. _____

Due to was picked up on street unconscious
Due to was dead when seen at hospital
Other conditions (include pregnancy within 3 months of death) _____

9. Birthplace Harrison, MO
10. Usual occupation Sale man
11. Industry or business Hess Elec. Co
MOTHER FATHER { 12. Name Raymond Dye
13. Birthplace MO
14. Maiden name Ben Brown
15. Birthplace _____

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Agnes Dye
(b) Address 1242 Broadway Harrison
17. (a) Burial (b) Date of March 2-1940
(c) Place: burial or cremation MT Olivet
18. (a) Signature of funeral director James O'Donnell
(b) Address Harrison, Mo
19. (a) 3-4-40 (b) J. C. Fisher

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
Where did injury occur? (City or town) (County) (State)
(c) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? (Specify type of place) (d) Means of injury _____
23. Signature J. H. Dwyer (M. D. or other) _____
Address Harrison Date signed 3/1/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
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, or by.....

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

Signed *Michael J. Donnell*

Licensed Embalmer No. *3240*

P. O. Address *Stannett, Md*

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, above space should be left blank.