

Registration District No. 73

Primary Registration District No. 3006

1. PLACE OF DEATH:

(a) County: Boone
(b) City or town: Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 210 So. Tenth St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 7
(Specify whether years, months or days)

3. (a) PRINT FULL NAME: EUGENE DYSON 250

8. (b) If veteran, name war: None 8. (c) Social Security No.: None

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

6. (b) Name of husband or wife: Betty May Dyson 6. (c) Age of husband or wife if alive: 35 years

7. Birth date of deceased: 12 1859
(Month) (Day) (Year)

8. AGE: Years: 80 Months: 8 Days: 23 If less than one day hr. min.

9. Birthplace: Marion Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation: Painter

11. Industry or business: _____

12. Name: William Dyson

13. Birthplace: Mo
(City, town, or county) (State or foreign country)

14. Maiden name: Lucile Harris

15. Birthplace: Mo
(City, town, or county) (State or foreign country)

16. (a) Informant: Allie Selby

(b) Address: Columbia, Mo

17. (a) Burial (b) Date thereof: 5 7 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park

18. (a) Signature of funeral director: W. P. Dyson

(b) Address: Columbia, Mo

19. (a) 5/6/40 (b) Allie Selby
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Boone
(c) City or town: Columbia
(If outside city or town limits, write "RURAL")
(d) Street No.: 210 So. Tenth St.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 5
year: 1940 hour: 5-30 minute: 0 M.

21. I hereby certify that I attended the deceased from 4-6
1940, to 5-5-1940,
that I last saw him alive on 5-4-1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis
Duration: do not know

Other conditions: _____
(Include pregnancy within 3 months of death)

Due to: _____

Due to: _____

Major findings: None
Of operations: _____

Of autopsy: None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): NO

(b) Date of occurrence: None

(c) Where did injury occur?: None
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
None

While at work? _____ (Specify type of place)
(e) Means of injury: _____

23. Signature: W. P. Dyson (M. D. or other) _____
Address: Columbia, Mo Date signed: 5-6-40

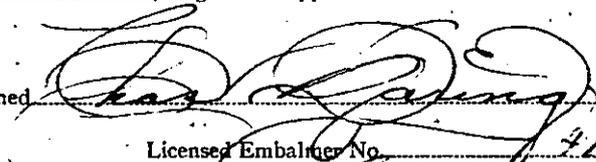
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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 .....
Licensed Embalmer No. 71321
P. O. Address Columbia, 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, above space should be left blank.