

No. 2
13-40
17-39
X23159

Registration District No. **318**

Primary Registration District No. **2001**

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

1. PLACE OF DEATH:
GREENE
 (a) County **Greene**
 (b) City or town **Springfield**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Medical Arts Bldg. 3**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME **Paul L. Hyde**
3. (b) If veteran, name war **World War**
3. (c) Social Security No. **no**

4. Sex **Male** **5. Color or race** **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Albertine Hyde**
6. (c) Age of husband or wife if alive **44** years
7. Birth date of deceased **Sept. 14 1894**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 46 8 20 hr. min.

9. Birthplace **Sparta Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Dentist**

11. Industry or business

MOTHER FATHER
12. Name **Sigel Hyde**
13. Birthplace **Christian County Missouri**
 (City, town, or county) (State or foreign country)
14. Maiden name **Lena Abbott**
15. Birthplace **Christian County Missouri**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Albertine Hyde**
(b) Address **Springfield, Mo.**

17. (a) Burial **(b) Date thereof June 6 1941**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Maple Park**

18. (a) Signature of funeral director **H.H. Lohmeyer**

(b) Address **Springfield, Mo.**

19. (a) 6-6-41 (b) W.E. Handley M.D. (c) R.P.M.
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Greene 39**
 (c) City or town **Springfield 2**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **1219 S. Pickwick 6**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? **6** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **4**
 year **1941** hour **11** minute **30 a.** M.

21. I hereby certify that I attended the deceased from April 29 1941 to June 4 1941
 that I last saw him alive on **June 4 1941**
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Acute coronary thrombosis 1 hr.**

Due to: **Arteriosclerosis of coronary arteries**

Due to: _____

Other conditions (Include pregnancy within 3 months of death) **HTN**

Major findings:
 Of operations **none**
 Of autopsy **not done**

Duration
 Underline the cause to which death should be charged statistically.

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? _____

23. Signature **W.E. Handley** (M. D. or other) **0**
 Address **Springfield, Mo.** Date signed **6-6-41**

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.....

Walter E. Hamiller

Licensed Embalmer No.

3808

P. O. Address.....

Springfield 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, fact should be so stated above.

X