

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

17975
Do not use this space.

1. PLACE OF DEATH

(a) County Howard, Registration District No. 378
 (b) Township Fayette, Primary Registration District No. 4222 Registered No. 32
 (c) City Fayette, (d) Street No. Watts Ave., Fayette, Missouri 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Fayette, Missouri St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-6th 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
64 6 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as 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,

FATHER 13. NAME Robert Dyer,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia,

MOTHER 15. MAIDEN NAME Mary Saylor.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri,

17. INFORMANT (ADDRESS) Ray L. Dyer,
Fayette, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE: Odessa, Mo. DATE 6-12th 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Guy T. Halley, 341
Fayette, Mo.

20. FILED 6-10-41 19 Anna C. Lindell Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-10th 1941, 19

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1941, to June 10, 1941
 I last saw him alive on 6-10, 1941. Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:
Coronary Occlusion Date of onset 6-2-41
Myocarditis 94 N 6-2-41

Other contributory causes of importance:
None
 Name of operation None Date of None
 What test confirmed diagnosis? None Was there an autopsy? None

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) W. Bloom C. M. D.
 (Address) Fayette, Mo

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. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. I X10005

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 Ray T. Kelley

Licensed Embalmer No. 2966

P. O. Address Fayetteville 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.