DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED OCT 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31906

Registration District No. 464 — Primary Registration District No. 5626 — Registrar's No. 41

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

1. PLACE OF DEATH:
(a) County Lafayette
(b) City or town Rural - Washington Tr.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6 mi. South East Odessa Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 40 yr.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson
(c) City or town Rural
(If outside city or town limits write "RURAL")
(d) Street No. 12 mi. South East - Odessa - Mo
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME Anna Catherine Dyer
3. (b) If veteran, name war ✓✓
3. (c) Social Security No. none
4. Sex Fem. 1
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife R.F. Dyer
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Sept (Month) 25 (Day) 1883 (Year)

8. AGE: Years 57 Months 11 Days 10 If less than one day ____ hr. ____ min.

9. Birthplace Lafayette - Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Thomas E Barnett
13. Birthplace Boone - Co (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Mary Elizabeth Keith
15. Birthplace Boone - Co. (City, town, or county) Mo (State or foreign country)
16. (a) Informant R F Dyer
(b) Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept (Month) 7 (Day) 1941 (Year)
(c) Place: burial or cremation Concord Cem.
18. (a) Signature of funeral director Blinco Home
(b) Address Odessa Mo.
19. (a) Sept 8/41 (Date received local registrar) (b) Mrs E. M. Goodman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 5 year 1941 hour April 11 minute 2 M.
21. I hereby certify that I attended the deceased from Sudden death, to ____, 19__; that I last saw h____ alive on ____, 19__; and that death occurred on the date and hour stated above.
Immediate cause of death Died suddenly sitting in chair Probably coronary occlusion
Due to History of pain on chest and shortness of breath
Due to on exertion
Other conditions History of arthritis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy no
94a

Duration

PHYSICIAN
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature W E Martin MD Coroner (M.D. or other)
Address Odessa Mo Date signed Sept 6-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-9-41

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 Ben C. Blanco

Licensed Embalmer No. 1836.

P. O. Address _____

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.

No. 2B
—8-21-41
I X29289

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31906

Registration District No. 464 Primary Registration District No. 5626 Registrar's No.

1. PLACE OF DEATH:

(a) County: Lafayette

(b) City or town: Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Anna C. Dyer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: M

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased: Sept (Month) 25 (Day) 1883 (Year)

8. AGE: Years 57 Months 11 Days 19 (If less than one day hr. min.)

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address: Odessa, Mo

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) Sept 8-41 (Date received by local registrar) (b) Mrs E. M. Goodwin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day year 1941 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

PHYSICIAN
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?

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

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

1941
S-31906