

FILED DEC 5 1942

Registration District No. _____

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(c) Name of hospital or institution: St. John Hosp. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Week
In this community 1 Week
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County Barter
(c) City or town Mt. Home
(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 Myrtle Dyer

3. (b) If veteran, name war no 3. (c) Social Security No. no

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

6. (b) Name of husband or wife W.M. Dyer 6. (c) Age of husband or wife if alive Dec 44

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years 68 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name A.J. Truman
13. Birthplace Unknown Wisconsin
(City, town, or county) (State or foreign country)
14. Maiden name Mary Cathoun
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Rex E. Dyer
(b) Address Mt. Grove, Missouri

17. (a) Burial (b) Date thereof Dec. 1, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Home, ARK.

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 12-1-42 (b) D. W. Standley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30
year 1942 hour 1 minute 45 P.

21. I hereby certify that I attended the deceased from November 23 1942 to November 30 1942
that I last saw him live on November 30 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis 4 weeks
Chronic Hepatitis
Pericarditis

Due to _____
Due to _____
Other conditions 12/10
(Include pregnancy within 3 months of death)

Major findings: Of operations Chronic Nephritis, Chronic Hepatitis, Pericarditis
Of autopsy _____

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? _____

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

23. Signature Robert Holbrook (M. D. or other) _____
Address Springfield, Mo. Date signed 11/24/42

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

39
629

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. Hamellen*

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