

S. No. 2  
M-9-4-41  
5-17-39  
PI X29484

38292

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL STATISTICS  
FILED DEC 9 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 340

Primary Registration District No. 6152

Registrar's No. 44

103  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Stoddard Co  
 (a) County.....  
 (b) City or town..... Bernie Rural  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Home Kelter; Long  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 In this community..... most of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 103  
 (a) State Missouri (b) County Stoddard 0  
 (c) City or town..... Bernie Rural 0  
 (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..... 0

3. (a) PRINT FULL NAME Trade Dyer  
 3. (b) If veteran, name war.....  
 3. (c) Social Security No.....

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Oct. day 7  
 year 1942 hour 11 minute 45 A.M.

4. Sex M 5. Color or race W  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife.....  
 6. (c) Age of husband or wife if alive 42 years  
 7. Birth date of deceased March 27, 1870  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9-11- 1942 to 10-7- 1942  
 that I last saw him alive on 9-11- 1942  
 and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 6 Days 10 If less than one day hr. min.  
 9. Birthplace Tenn. (City, town, or county) (State or foreign country) 1

Immediate cause of death..... Cancer of Stomach 12 months  
 Duration

10. Usual occupation..... Farming  
 11. Industry or business.....  
 12. Name..... Trade Dyer  
 13. Birthplace..... Tenn. (City, town, or county) (State or foreign country) 1  
 14. Maiden name..... unknown  
 15. Birthplace..... (City, town, or county) (State or foreign country) 9

Due to..... 46 f  
 Due to.....

16. (a) Informant..... wife  
 (b) Address..... Bernie Mo  
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 9, 1942  
 (Month) (Day) (Year)  
 (c) Place: burial or cremation..... Bethany  
 18. (a) Signature of funeral director..... Lander  
 (b) Address..... Campbell Mo.  
 19. (a) 11-5-42 (Date received local registrar) (b) Cardie Miller (Registrar's signature)

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 Dawsey Ryan (M. D. mother)  
 Address Bernie Para Date signed 10-1-42

1133

RECEIVED

District Health Office No. 2

Case: File Number 1242-1551

Date Filed 12-8-42

APR 10 1947

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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.....

*Christina M. Landess*

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.**