

FILED AUG 7 1943 4796

Registration District No. _____

Primary Registration District No. 5339 5350

State File No. _____

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Dallas
(b) City or town Urbana Junction Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dallas
(c) City or town Urbana
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1943 hour _____ minute 30 A.M.

I hereby certify that I attended the deceased from April 15 1943 to May 9 1943
that I last saw him alive on May 9 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Stroke
Duration 1943

Due to Heart Attack 1943

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 [Signature] (M. D. or other) MD
Address [Address] Date signed 5/10/43

3. (a) PRINT FULL NAME William Wesley Dyer

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, 2 divorced, widowed

6. (b) Name of husband or wife Nancy I. Dyer 6. (c) Age of husband or wife if _____

7. Birth date of deceased: April 15 1867
(Month) (Day) (Year)

8. AGE: Years 76 Months 0 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired farmer

11. Industry or business _____

12. Name Daniel Boone Dyer

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

14. Maiden name Lydia Sharp

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

16. (a) Informant Mrs. Inez Kinness

(b) Address Urbana Mo.

17. (a) Burial (b) Date thereof May 10 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mission Ridge

18. (a) Signature of funeral director Vaughan & Reser

(b) Address Urbana, Mo.

19. (a) 5/12/43 (b) Neles R. Danner
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED
District Health Officer No. 7,
District File Number 7-43-756
Date Filed 6-43

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 Donald H. Lipin
Licensed Embalmer No. 3053
P. O. Address Warsaw 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.

RECEIVED

Registration District No. 96 Primary Registration District No. 5350

1. PLACE OF DEATH:
(a) County Dallas
(b) City or town Urbana Lincoln Temp
(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)

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 Wm Wesley Dryer
(b) If veteran, name war..... (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March year 1943 hour 12 minute 00 M.
21. I hereby certify that I attended the deceased from 9 1943;
that I first saw him alive on 9 1943;
and that death occurred on the date and hour stated above.
Immediate cause of death Cardiac Anasarca Duration 1943

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 76 years

Due to acute nephritis 1943
Due to chronic nephritis 1929
Other conditions (include pregnancy within 3 months of death)
Major findings: 124
Of operations.....
Of autopsy.....

7. Birth date of deceased: April 15 1966
(Month) (Day) (Year)
8. AGE: Years 76 Months 0 Days 0 If less than one day min.
9. Birthplace MO (City, town, or county) (State or foreign country)

10. Usual occupation
11. Industry or business
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name (City, town, or county) (State or foreign country)
15. Birthplace (City, town, or county) (State or foreign country)

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

16. (a) Informant (b) Address
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) (Date received local registrar) (b) (Registrar's signature)

23. Signature L A Kloss (M. D. or other) MD
Address Urbana MO Date signed

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

SUPPLEMENTAL

S-24785