

FILED JAN 16 1944

Registration District No. 5964

Registrar's No. 45

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Rural Gottle's Road
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rural Route No. 3-Parkville, 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 23 Years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town RR No. 3-Parkville, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Route No. 3 (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Theora C. Hyde

3. (b) If veteran, name war No 3. (c) Social Security None

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

6. (b) Name of husband or wife Edward C. Hyde 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Feb. 11 1884
(Month) (Day) (Year)

8. AGE: Years 59 Months 9 Days 25 If less than one day hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Thomas Calhoun

13. Birthplace England 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary Smith

15. Birthplace No record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Edward C Hyde

(b) Address Parkville, Missouri

17. (a) Burial (b) Date thereof 12-6-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cem.

18. (a) Signature of funeral director [Signature]
(b) Address Kansas City, Missouri

19. (a) 12-6-43 (b) Mrs. Clay Siffel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4 year 1943 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 2, 1943, to Dec 4, 1943; that I last saw him alive on Dec 4, 1943, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Asthma (cardiac)

Due to Chronic myocarditis

Due to _____

Other conditions (Include pregnancy within 3 months of death) [Signature]

Major findings: Of operations _____

Of autopsy _____

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] (By D. or other) no
Address Parkville, Mo. Date signed Dec 4 1943

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

24
6
0

RECEIVED

District Health Officer No. 8

District File Number.....

Date Filed 1-10-84

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 [Signature]

Licensed Embalmer No. 2810

P. O. Address [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, fact should be so stated above: