

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BUREAU OF THE CENSUS
FILED FEB 9 1944

Registration District No. 141

Primary Registration District No. 5551

Registrar's No. 7

46
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County HOWELL

(b) City or town "RURAL" HOWELL TWP.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
WEST PLAINS, MO. LANTON ROUTE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No. (Specify whether)

In this community 53 YEARS.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HOWELL ⁴⁶

(c) City or town RURAL HOWELL TWP ⁰
(If outside city or town limits, write "RURAL")

(d) Street No. LANTON ROUTE, WEST PLAINS, MO
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME ABBY DALLAS HYDER

3. (b) If veteran, name war No.

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 7, year 1944 hour 5: minute 15 A.M.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife FANNIE J. HYDER 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased OCTOBER 1, 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 3rd ¹⁹⁴⁴ to Jan. 7th ¹⁹⁴⁴; that I last saw him in alive on Jan. 3rd ¹⁹⁴⁴ and that death occurred on the date and hour stated above.

Immediate cause of death: Tuberculosis, Pul. Chron Active [?]

8. AGE: Years Months Days If less than one day

72 3 6 hr. min.

Due to Tubercular infection

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

Due to 128 P1

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation FARMER

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business

MOTHER FATHER

12. Name JAMES A. HYDER

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

14. Maiden name ELIZ. MALOTTE

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

16. (a) Informant MRS. FANNIE J. HYDER

(b) Address WEST PLAINS, MO. LANTON RT.

17. (a) BURIAL (b) Date thereof JAN. 9, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation EVERGREEN CEM. HOWELL TWP. HOWELL CO

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?

18. (a) Signature of funeral director Halshonburgh

(b) Address West Plains, Mo.

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

23. Signature Halshonburgh (M. D. or other)

Address West Plains, Mo. Date signed 1/11/44

19. (a) 1-15-44 (b) Halshonburgh
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 5;

District File Number 244121

Date Filed 2-7-44

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 Hal Thomburg

Licensed Embalmer No. 3408

P. O. Address West Plains, 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.