S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7733

FILED MAR 15 1944

Registration District No. 289 Primary Registration District No. 3043 Registrar's No. 62

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution:
2113 Spruce St
(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 Marion 64

(c) City or town Hannibal Mo. 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2113 Spruce St. 4
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME George R Dryden, Sr.

3. (b) If veteran, name war .....

3. (c) Social Security No. 361-07-6576

4. Sex Male

5. Color or race White

6. (a) ~~Single, widowed~~, married, ~~divorced~~ 1

6. (b) Name of ~~husband~~ or wife Lora

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased April (Month) 7 (Day) 1892 (Year)

8. AGE: Years 51 Months 10 Days If less than one day ..... hr. ..... min.

9. Birthplace New London (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Ammonia Plant

11. Industry or business Louisiana, Mo.

FATHER
12. Name Lemuel C. Dryden
13. Birthplace ..... (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Mattie Cramer
15. Birthplace ..... (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Mrs Lora Dryden
(b) Address Hannibal Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-10-44 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Olivet Cemetery

18. (a) Signature of funeral director James O'Donnell
(b) Address Hannibal Mo.

19. (a) 2-9-44 (Date received local registrar) (b) R. H. Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7 year 1944 hour 11 minute 15 9 M.

21. I hereby certify that I attended the deceased from Jan 15, 1944, to Feb 7, 1944 that I last saw him alive on Feb. 5, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis acute	
Due to Flu	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 33	

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury 0

23. Signature E. E. Salyer (M. D. ~~or other~~)
Address Hannibal Mo Date signed 2-8-44

1146

(Licensed Embalmer's Statement on Reverse Side)

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 Michael J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address: Hannibal 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.