

S. No. 2
 OM-2-43
 v. 5-17-39
 1 X35837

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

17792

State File No. _____

Registrar's No. 50

FILED JUN 12 1944
 Registration District No. _____

Primary Registration District No. 3014

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

1. PLACE OF DEATH:
 (a) County Clay
 (b) City or town Liberty mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Home 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 mo (b) County clay
 (c) City or town Liberty
(If outside city or town limits, write "RURAL")
 (d) Street No. Missouri
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Bessie ANN DYER
 3. (b) If veteran, name war _____ 3. (c) Social Security No. 486242688

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 10
 year 1944 hour 12 minute 45 P.M.
 21. I hereby certify that I attended the deceased from Nov 1943 to May 10 1944
 that I last saw her alive on May 10 1944
 and that death occurred on the date and hour stated above.

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced, widow
 6. (b) Name of husband or wife Clyde O Dyer 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 3/10/1901
(Month) (Day) (Year)

Immediate cause of death:
Metastases from Cancer of Cervix - Duration 34 mo

8. AGE: Years 43 Months 2 Days 0 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____

9. Birthplace Merced mo.
(City, town, or county) (State or foreign country)

Other conditions:
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings:
 Of operations HGO
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

11. Industry or business Green Berry King

12. Name _____

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

14. Maiden name Elizabeth Bertsch

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

16. (a) Informant Jesse L. McClellan
 (b) Address Liberty mo

17. (a) Burial (b) Date thereof 5/12/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview

18. (a) Signature of funeral director Brother & Junger
 (b) Address Liberty mo

19. (a) 5-12-44 (b) Heleen Early
(Date received local registrar) (Registrar's signature)

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 Wm H Goodnow (M.D. or other) _____
 Address Liberty mo Date signed 5/12/44

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

6-9-44

JUN 21 1944

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.....

Self, Registered Apprentice No.....

working under my personal supervision.

Signed

Victor E. Immerger

Licensed Embalmer No.

2896

P. O. Address

Liberty 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.