

FILED JUL 1 1944

State File No. _____

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 649

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Methodist
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt 44
(c) City or town Oregon Rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thomas A. Kyger

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bessie Kyger 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased July 31 1861
(Month) (Day) (Year)

8. AGE: Years 82 Months 4 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Kokomo Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name John Kyger
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Charity Hannah
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bessie Kyger
(b) Address Oregon, Missouri

17. (a) Burial (b) Date thereof Dec. 15, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oregon, Mo.

18. (a) Signature of funeral director James J. Pettigrew

(b) Address Oregon, Mo.

19. (a) 6/30/44 (b) Delbert Pickel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13
year 1943 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from 12/11/43, 19____, to 12/13/43, 19____;
that I last saw him alive on 12/13/43, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia
Duration several days

Due to _____
Due to _____
93d

Other conditions Arteriosclerosis, general
(Include pregnancy within 3 months of death)
Heart Disease, arteriosclerotic
Major findings: Senility
Of operations _____

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 L. Peterson M.D. (M. D. or other)
Address St. Joseph, Mo. Date signed 6-30-44

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

1377

STATE OF
OREGON

DEPARTMENT OF
HEALTH SERVICES

REGISTRATION DIVISION

5-41046

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 James H. Pittzahn

Licensed Embalmer No. 3192

P. O. Address Oregon 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.