

Registration District No. FILED JAN 6 1945

Primary Registration District No. 5351

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Dallas  
(b) City or town Urbana Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Miller J. P.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME FRANCIS DRYER

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 Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Jan 19 1869  
(Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 24 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Dallas Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Unknown  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant George Dryer

(b) Address Urbana Mo

17. (a) Burial (b) Date thereof 12-7-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mission Ridge

18. (a) Signature of funeral director L B Jones

(b) Address Buffalo Mo

19. (a) 12-29-1944 (b) L B Jones  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3  
year 1944 hour 7 minute 45A M.

21. I hereby certify that I attended the deceased from Dec 12 1944 to Dec 3 1944  
that I last saw him alive on Dec 2 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Serous degeneration of the brain  
Due to Senile Dementia 1 6 mo

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 124

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 A Hesse (M. D. or other) M.D.

Address Urbana Date signed 12/3/44

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

3000

1945  
NOV 17 11 AM

Director's Office No. 7,  
12-44-1424  
Date Filed 1-5-45

**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..... *Marion B Jones* .....

Licensed Embalmer No. *4322*

P. O. Address *Buffalo, 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.**