

FILED JAN 6 1945

Registration District No. 137

Primary Registration District No. 5223

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Hickory Greenwood
(b) City or town Unionville rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community life _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME FRANCIS S. 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 Martha alive _____ years
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 15 If less than one day
hr. _____ min. _____

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

10. Usual occupation farmer

11. Industry or business _____

12. Name Henry Dryer
13. Birthplace at sea (City, town or county) (State or foreign country)
14. Maiden name Polly T. Lane
15. Birthplace Unionville (City, town, or county) (State or foreign country)

16. (a) Informant George Dryer
(b) Address Unionville Mo

17. (a) Burial (b) Date thereof 12-7-44
(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 Unionville Mo

19. (a) Dec 11-44 (b) Mary Cash
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3
year 1944 hour 7 minute 00 A.M.

21. I hereby certify that I attended the deceased from Sept 15 1944 to Dec 2 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 Chronic myeloid Duration 1 yr
Due to Kidney, Renal, Arteriosclerosis 6 mo

Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: 131
Of operations _____
Of autopsy _____

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) _____ (e) Means of injury _____

23. Signature L. A. Glass (M: D. or other) MD
Address Unionville Date signed 12/2/44

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

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RECEIVED
District Health Officer No. 7,
District No. 12-44-1434
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 *Leonard Brown*
Licensed Embalmer No. 2508
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.