S. No. 2
0M—2-43
v. 5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5825

FILED MAR 6 1945

Registration District No. 6

Primary Registration District No. 4108

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Cedar

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

(c) Name of hospital or institution: XX
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX (Specify whether
In this community XX years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20

(c) City or town Stockton 0
(If outside city or town limits, write "RURAL")

(d) Street No. XX 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country XX 0

3. (a) PRINT FULL NAME Clarence Albert Hyder

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Sadie Hyder

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased July (Month) 11, (Day) 1881 (Year)

8. AGE:

Years	Months	Days	If less than one day
63	6	29	XXXXXX min.

9. Birthplace Green County, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business XX

FATHER
12. Name James Hyder
13. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary J. Lewis
15. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)

16. (a) X Informant Sadie Hyder
(b) Address Stockton, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-13-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Wagoner Cemetary

18. (a) Signature of funeral director Church and Neale
(b) Address Stockton, Missouri

19. (a) 2-27-45 (Date received local registrar) (b) Mrs Ethel Church (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10 year 1945 hour 7 minute 30 P M.

21. I hereby certify that I attended the deceased from June, 1944, to Feb. 10, 1945 that I last saw him alive on Feb. 10, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Mitral regurgitation	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 92 b	
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? (Specify type of place)

While at work? — (e) Means of injury 0

23. Signature [signature] (M. D. or other) D.O.

Address Stockton Mo. Date signed 2-21-45

1278

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 2-45-139
Date Filed 3-5-45

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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton 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.