

S. No. 2  
M-5-43  
5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13186

State File No. \_\_\_\_\_

FILED APR 29 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1822

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: In front of 3942 Central 3  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution XX  
(If not in hospital or institution, write street number or location)

In this community 30 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 3942 Central 8  
(If rural, give location)

(e) Citizen of foreign country? No 0  
(Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CLAUDE HYDER

3. (b) If veteran, name war. No

3. (c) Social Security No. 495-05-1033

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18  
year 1946 hour 7: minute 30 A.M.

4. Sex Male 0 5. Color or race Wh

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

6. (b) Name of husband or wife Mrs. Mae Hyder

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased September 7 1894  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1945  
April 7, 1946 to April 7, 1946

that I last saw him alive on Apr 7, 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

51	7	11	hr. min.
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Immediate cause of death Coronary occlusion Duration 107 Min

Due to Chronic Hypertension 1 yr

9. Birthplace Millville Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Dispatcher

11. Industry or business Blue Line Transfer Co.

12. Name Ira Hyder

13. Birthplace Mo. 0  
(City, town, or county) (State or foreign country)

14. Maiden name Susie Frances Lamar

15. Birthplace Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mae Hyder

(b) Address 3942 Central

17. (a) Burial (b) Date thereof 4-20-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Royal Hill

18. (a) Signature of funeral director J. H. Wagner

(b) Address R. C. No

19. (a) 4-19-46 (b) Geraldine Helmer  
(Date received local registrar) (Registrar's signature)

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

Major findings: 938

Of operations no

Of autopsy no

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) Means of injury

Signature M. Blaseholt (M. D. or other) \_\_\_\_\_  
Address 4000 Baltimore K.C. Mo Assigned 4/19/46

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

MOTHER FATHER

#000 Baltimore  
VA 5115

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..... *Cecil R. Matthes* .....  
Licensed Embalmer No. *3807* .....  
P. O. Address..... *Kansas City, 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.