ER
No. 2
1--2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 27 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16301

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 371

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name ~~of hospital or~~ institution: 420 East Walnut Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield Mo 2
(If outside city or town limits, write "RURAL")
(d) Street No. 420 E Walnut Grove Mo 6
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME William Ezra Dyer
3. (b) If veteran, name war N.L.
3. (c) Social Security No. UNK.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Gertrude Maude Wolfe Dyer
6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased February (Month) 9th (Day) 1874 (Year)

8. AGE: Years 72 Months 2 Days 22 If less than one day hr. min.

9. Birthplace Lawrence County (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation retired farmer
11. Industry or business Stock & Grain farmer
FATHER
12. Name Ezra Dyer
13. Birthplace UNK. (City, town, or county) Tenn. (State or foreign country) 1
MOTHER
14. Maiden name Martha Gelmore
15. Birthplace UNK. (City, town, or county) Tenn. (State or foreign country) 1
16. (a) Informant Rev. Charles W. Dyer
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May-5-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Johns Chapel
18. (a) Signature of funeral director Gene A. Prim
(b) Address Walnut Grove Missouri
19. (a) 5-3-46 (Date received local registrar) (b) B. W. Hardley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1 year 1946 hour 10 minute 30 P. M.
21. I hereby certify that I attended the deceased from 1945 to May 1, 1946 that I last saw him alive on April 15, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	sudden
Due to: chronic coronary disease	3 or 4 years
Due to:	
Other conditions: Chronic Valvular Heart Disease (Include pregnancy within 3 months of death)	10 years

Major findings:
Of operations
Of autopsy 92%

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 Dr Charles H Orr (M. D. or other) M. D.
Address Ash Grove, Mo. Date signed 5-2-46

111 (Licensed Embalmer's Statement on Reverse Side)

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. Warren D. Noblett

Licensed Embalmer No. 4005

P. O. Address Ash Grove, 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.