

S. No. 2
OM-2-43
v. 5-17-39
I. X35897

16970

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 11 1946

Primary Registration District No. 3028

Registrar's No. 88

1. PLACE OF DEATH:

(c) County Jasper

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

(c) Name of hospital or institution:
1215 Oak St. /
(If not in hospital or institution, write street number or location)

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

In this community 45 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Carthage 1

(d) Street No. 1215 Oak St. 3
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Tyra Griffith Dyer

3. (b) If veteran, name was No

3. (c) Social Security No _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5
year 1946 hour 8 minute P. M.

4. Sex Male ()

5. Color or race white

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

6. (b) Name of husband or wife Nina Parrish

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased October 13, 1885
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 28 Feb 1946 to 5th May 1946;
that I last saw him alive on 5th May 1946
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	60	7	25	hr. min.

Immediate cause of death
Pulmonary Tuberculosis unknown

9. Birthplace Barry Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Oil Man

11. Industry or business Filling Station Operator

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

12. Name Calvin Dyer

13. Birthplace Unknown Tenn. /
(City, town, or county) (State or foreign country)

14. Maiden name Anna Stridge

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Milo Kammerdeener

(b) Address 1215 Oak St., Carthage, Mo.

17. (a) Burial (b) Date thereof May 9, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

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? _____

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 S. Garrison, Carthage

19. (a) 5-8-46 (b) L.B. Clinton
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place)

(c) Means of injury _____

23. Signature _____ (M. D. or other) JED
Address 407 Main, Carthage, Mo Date signed 7 May 46

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

15851

139

46-5-726

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..... *John S. Penneby*.....
Licensed Embalmer No. *4194*.....
P. O. Address. *Carthage, 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.