

U.S. No. 2
DOM-5-43
Rev. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED JUN 10 1946
STANDARD CERTIFICATE OF DEATH

19262

State File No. _____
Registrar's No. 77

Registration District No. 360 Primary Registration District No. 6224 3076

1. PLACE OF DEATH:

(a) County DeWitt

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

(c) Name of hospital or institution:
818 N Main Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 15 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DeWitt

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

(d) Street No. 818 N Main
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Edward Lyberger

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24 year 1946 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to May 24, 1946

that I last saw him alive on May 24, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer Prostate

Duration 2 or 3 yrs.

Due to Don't know

Due to _____

Other conditions Myocardial Degeneration
(Include pregnancy within 3 months of death)

Duration about 3 yrs.

8. AGE: Years 79 Months 3 Days 2 If less than one day hr. _____ min. _____

Major findings:
Of operations none

Of autopsy none

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

10. Usual occupation Retired - Radio star

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? ✓

11. Industry or business _____

12. Name Edward Lyberger

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

14. Maiden name Mary Roberts

15. Birthplace Jefferson City Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant John Lee Lyberger

(b) Address 513 N Main

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-26-46
(Month) (Day) (Year)

(c) Place: burial or cremation Newton Burial Park

23. Signature W. Slove (M.D. or other) _____

Address Nevada Mo Date signed Mar 29/46

18. (a) Signature of funeral director Henry L. ...

(b) Address Keosauqua Missouri

19. (a) 6-1-46 (Date received local registrar) (b) Walter Jancy (Registrar's signature)

331 (Licensed Embalmer's Statement on Reverse Side)

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

1946

RECEIVED

District Health Officer No. 7,

District File Number 5-46-580

Date Filed 6-6-46

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 Me

....., Registered Apprentice No.
working under my personal supervision.

Signed R. B. Ferry

Licensed Embalmer No. 1760

P. O. Address Leicester, 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.