. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

18384

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19508

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 674

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 2702 Seneca St.. /
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph /
(If outside city or town limits, write "RURAL")

(d) Street No. 2702 Seneca 2
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME James C. Dyson

3. (b) If veteran, name war none

3. (c) Social Security No. 521-18-6862

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Thelma M. Dyson

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased May (Month) 23 (Day) 1901 (Year)

8. AGE: Years 45 Months 0 Days 14 If less than one day ___ hr. ___ min.

9. Birthplace Parker (City, town, or county) Colorado / (State or foreign country)

10. Usual occupation Driver-Silver State Laundry

11. Industry or business Laundry

FATHER
12. Name John S. Dyson
13. Birthplace unknown (City, town, or county) Georgia / (State or foreign country)

MOTHER
14. Maiden name Mary Ellen Fuller
15. Birthplace unknown (City, town, or county) Kansas / (State or foreign country)

16. (a) Informant Mrs. James C. Dyson
(b) Address 2702 Seneca St..

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 8, 46 (Month) (Day) (Year)
(c) Place: burial or cremation Denver, Colorado

18. (a) Signature of funeral director Heaton Be Tale & Bowman
(b) Address St. Joseph, Mo.

19. (a) June 11-1946 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7, 1946
year 1946 hour 2 minute 30 P M.

21. I hereby certify that I attended the deceased from 5-16-46, 19__, to 6-7-46, 19__;
that I last saw him alive on 6-6-46, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial pneumonia	5 hrs
Due to: Carcinoma sigmoid	5 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations — 46	
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) 0

(b) Date of occurrence 0

(c) Where did injury occur? 0 (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) MD
Address St Joseph Mo Date signed 6/8

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(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 Raymond H. Morehead

Licensed Embalmer No. 4413

P. O. Address 319 So 10th St Joseph 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.