

FILED JUL 2 1946

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 2666

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(Home) 2408 Lister Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 26 years
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. 2408 Lister Ave. 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Winship Britt Dyer

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dovie A. Dyer 6. (c) Age of husband or wife if alive 62 7 years

7. Birth date of deceased June 17th, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 11 29 hr. min.

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

10. Usual occupation Tie Manufacturer (Retire)

11. Industry or business _____

MOTHER FATHER { 12. Name Franklin Dyer
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Martha Smith
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Dovie A. Dyer

(b) Address 2408 Lister Ave. K.C., Mo.

17. (a) Burial (b) Date thereof 6/19/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cem.

18. (a) Signature of funeral director Earp Funeral Home

(b) Address 4139 East 15th, St. K.C. Mo.

19. (a) 6-17-46 (b) Gertrude Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16th.
year 1946 hour 2 minute 45 P.M.

21. I hereby certify that I attended the deceased from June 10
1946, to June 16 1946
that I last saw him alive on June 16 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia
Thursday

Due to Compromised to leaf factory
fall and fractured head &
breast injury

Other conditions (none P.E.)
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy Lobar pneumonia
1860 18

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence 6-10-46 12.3
(c) Where did injury occur? at Jackson, Mo
(City, town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home
While at work? no (Specify type of place) (e) Means of injury fall
23. Signature Walter Spurgeon De (M. D. or other) 2
Address 216 E 11th St Date signed 6/17/46

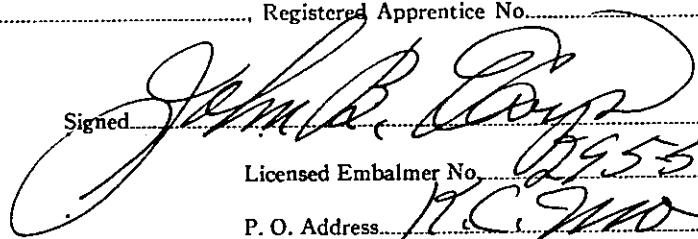
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....



Licensed Embalmer No. 09555

P. O. Address. H.C. 910

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.