

S. No. 2  
M-5-43  
5-17-39  
X3657

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF THE CENSUS  
**FILED AUG 19 1946** STANDARD CERTIFICATE OF DEATH

State File No. **27785**

Registration District No. **212** Primary Registration District No. **3044** Registrar's No. **36**

1. PLACE OF DEATH  
(a) County **Miller**  
(b) City or town **Beckley**  
(c) Name of hospital or institution  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Length of stay: In hospital or institution  
In this community \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County **Miller**  
(c) City or town **Beckley**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **JESSE DYER**  
3. (b) If veteran, name war **No.** 3. (c) Social Security No. **No.**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Aug** day **3** year **1946** hour \_\_\_\_\_ minute **30 P.M.**  
21. I hereby certify that I attended the deceased from **Nov 19, 44** to **Aug 3, 46**  
that I last saw him alive on **Aug 13, 46** and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Strutide P. Dyer** 6. (c) Age of husband or wife if alive **63** years  
7. Birth date of deceased **Feb 5, 1885**  
(Month) (Day) (Year)

Immediate cause of death **Coronary of Sions** Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) **466**

8. AGE: Years Months Days If less than one day  
**65 5 28** hr. min.

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

10. Usual occupation **Retired Farmer**

11. Industry or business

12. Name **John Dyer**

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

14. Maiden name **Clara Weaver**

15. Birthplace **Ohio**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Strutide Dyer**

(b) Address **Beckley, Mo.**

17. (a) **Burial** (b) Date thereof **8-5-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Becky Cemetery**

18. (a) Signature of funeral director **H. D. Phillips**

(b) Address **Beckley, Mo.**

19. (a) **8-5-46** (b) **Alberta Wolf**  
(Date received local registrar) (Registrar's signature)

Major findings:  
Of operations **exploratory confirming Beckley**  
Of autopsy **Paulina S. Ferr**

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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury **①**  
23. Signature **J. W. Allen** (M. D. or other) \_\_\_\_\_  
Address **Beckley, Mo.** Date signed **8/5/46**

192 (Licensed Embalmer's Statement on Reverse Side)

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

26623

RECEIVED  
District Health Officer No. 9,  
District File Number 8-46-157  
Date Filled 8-13-46

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.....

*Louis D. Phillips*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Louis D. Phillips*.....  
Licensed Embalmer No. *3663*.....  
P. O. Address *Edison*.....

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.