

S. No. 2
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Rev. 5-17-39
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UNITED STATES DEPARTMENT OF THE CENSUS
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **39823**

FILED JAN 3 1947

Registration District No. **287**

Primary Registration District No. **5161**

Registrar's No. **25**

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution: NO
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NO
(Specify whether years, months or days)

In this community Life
years, months or days

3. (a) PRINT FULL NAME Hallie Gertrude Kyger

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 7 years
(Month) (Day) (Year)

7. Birth date of deceased Aug 7 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>4</u>	<u>14</u>	hr. min.

9. Birthplace New Bloomfield MO
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

MOTHER FATHER

12. Name Geo W. Kyger

13. Birthplace New Bloomfield MO
(City, town, or county) (State or foreign country)

14. Maiden name Martha J. Griffin

15. Birthplace New Bloomfield MO
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs G. C. Kyger

(b) Address New Bloomfield MO

17. (a) Burial (b) Date thereof Dec 23-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Prospect Cem.

18. (a) Signature of funeral director Kay A. Holt

(b) Address New Bloomfield MO

19. (a) Dec 22-46 (b) de Roy Clayport
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

(c) City or town New Bloomfield MO
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21
year 1946 hour 2 minute 8 M.

21. I hereby certify that I attended the deceased from Sept 1, 1946 to Dec 21, 1946
and that I last saw her alive on Dec 15, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Colon

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None

Of operations _____

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) _____

(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) (c) Means of injury

23. Signature C. Meredith (M. D. or other) _____
Address New Bloomfield MO Date signed 12/22

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
38637

14
0
0

39

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JAN 5 1947

JAN 13 1947

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..... *Le Ray Claypool*
Licensed Embalmer No..... *4412*
P. O. Address..... *New Bloomfield Pa.*

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.