

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 20 1947
Registration District No. 326

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

406812
State File No. _____
Registrar's No. 3

Primary Registration District No. 6109

1. PLACE OF DEATH:
(a) County Scotland
(b) City or town Memphis Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Union Twp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Entire Life
years, months or days (Specify whether)

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

3. (a) PRINT FULL NAME Walter J. Hyde
3. (b) If veteran, ✓ name war _____
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 22
year 1946 hour _____ minute 7:00 P.M.
21. I hereby certify that I attended the deceased from Dec 22, 1946 to Dec 22, 1946
and that death occurred on the date and hour stated above.
The last saw him alive on Dec 22, 1946
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Maggie Jaye
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 10 1879
(Month) (Day) (Year)

Immediate cause of death Angina Pectoris
Duration _____

8. AGE: Years 67 Months 11 Days 12
If less than one day hr. _____ min. _____

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Lee Co Iowa
(City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business _____
12. Name Joshway Hyde
13. Birthplace Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Iowa
(City, town, or county) (State or foreign country)

Major findings: Of operations 94B
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Robert W. Hyde
(b) Address Memphis Mo
17. (a) Burial (b) Date thereof Dec 24 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Brock Cemetery
18. (a) Signature of funeral director Erth Baskett
(b) Address Memphis Mo
19. (a) Jan 11 '47 (b) Mrs. E. B. Parrish
(Date received local registrar) (Registrar's signature)

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 ⓐ
23. Signature A.M. Keethler (M. D. or other) _____
Address Memphis Date signed 12-24-46

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

MOTHER FATHER

RECEIVED
District Health Officer No. 10
District File Number 47-138
Date Filed JAN 17 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 ME
....., Registered Apprentice No.
working under my personal supervision.

Signed Fred Keith
Licensed Embalmer No. 4258
P. O. Address Memphis

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.