

U.S. No. 2
FORM-5-43
Rev. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

327
State File No. _____
Registrar's No. 22

Registration District No. 145

Primary Registration District No. 3025

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

1. PLACE OF DEATH:

(a) County Howell

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Howell

(c) City or town West Plains
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

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

3. (a) PRINT FULL NAME Mary Lee Hyder

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 1 day 18
year 1947 hour 5 minute 9 M.

21. I hereby certify that I attended the deceased from _____, 19____, to 1-18, 1947;
that I last saw him _____ alive on Dec, 1946;
and that death occurred on the date and hour stated above.

4. Sex F 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 _____ years

7. Birth date of deceased 9 24 1946
(Month) (Day) (Year)

Immediate cause of death Asphyxiation

Due to Suffocation in bed

Due to _____

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

8. AGE: Years _____ Months 3 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace West Plains Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

Major findings: _____
Of operations _____

Of autopsy _____

12. 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? Home

While at work? _____ (Specify type of place)

Means of injury Suffocation

11. Industry or business

12. Name Robt L. Hyder

13. Birthplace Howell Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Bladys Kelsey

15. Birthplace Bakersfield Mo
(City, town, or county) (State or foreign country)

16. (a) Informant R L Hyder

(b) Address West Plains, Mo

17. (a) B (b) Date thereof 1-18-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Lawn

23. Signature E. B. Bohrer (M. D. or other) Mo

Address West Plains, Mo Date signed 1-22-47

18. (a) Signature of funeral director Robertson

(b) Address West Plains, Mo

19. (a) Feb 1 - 1947 (b) Beatrice Cook
(Date received local registrar) (Registrar's signature)

379

(Licensed Embalmer's Statement on Reverse Side)

Bohrer

RECEIVED

District Health Officer No. 5,

District File Number 24764

Date Filed 2/10/47

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.....

Robert J. Drago....., Registered Apprentice No. 432
working under my personal supervision.

Signed H. Robertson.....

Licensed Embalmer No. 3435.....

P. O. Address West Plains.....

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.