

9. No. 2
M-8-43
S-17-39
PI X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1929
Registrar's No. 9

FILED JAN 20 1947
Registration District No. 25

Primary Registration District No. 3048

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

4
1
2

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 3 weeks
(Specify whether
In this community 1 Year
years, months or days)

3. (a) PRINT FULL NAME Virgil Irvin Dyer
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elsie Belle 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased May 12, 1900
(Month) (Day) (Year)

8. AGE: Years 46 Months 7 Days 28 If less than one day
hr. _____ min. _____

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

10. Usual occupation Produce Dealer

11. Industry or business None

MOTHER FATHER { 12. Name George C. Dyer
13. Birthplace Harrison Co., Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Giney E. Bears
15. Birthplace Harrison Co., Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Elsie Belle Dyer
(b) Address Clearmont, Missouri

17. (a) Burial (b) Date thereof 1-12-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Yankee Ridge
Price Funeral Home
18. (a) Signature of funeral director
(b) Address 120 E. 1st Maryville, Mo.

19. (a) 1-11-47 (b) Bears Holt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway 74
(c) City or town Clearmont
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10th
year 1947 hour 7 minute 00 A.M.

21. I hereby certify that I attended the deceased from 11/15, 1946 to 1/10, 1947
that I last saw him alive on 1/4, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Sepsis of Spleen
Duration 4 mos

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

Major findings: Of operations 747
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? _____

(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature B. F. Dyer (M. D. or other) MD
Date signed 1/14/47
Address Maryville Mo

DISTRICT HEALTH OFFICE
Cameron, Mo.

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..... *W. L. Gee*

Licensed Embalmer No. *2539*

P. O. Address..... *Maryville Mo*

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.