

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 1 1947

Registration District No. 535D

Primary Registration District No. 535D

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Dallas

(b) City or town Rural - Lincoln
(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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dallas ³⁰

(c) City or town Rural - Lincoln ³
(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 Safroma Isabell Hyde

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24
year 1947 hour _____ minute _____ M.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, 2 divorced, widowed

6. (b) Name of husband or wife John E. Hyde

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 21 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 1 1947 to Feb 24 1947
and that I last saw him alive on Feb 22 1947
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>		<u>3</u>	hr. _____ min. _____

Immediate cause of death Pleurum pneumonia

Due to Influenza

Due to _____

9. Birthplace Dallas County
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

Major findings: _____

Of operations _____

Of autopsy _____

11. Industry or business _____

MOTHER FATHER { 12. Name Jack Bray

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

14. Maiden name Susan Alford

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

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? _____

16. (a) Informant George Hyde

(b) Address Urbana, Mo

17. (a) Burial (b) Date thereof Feb. 26-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mission Ridge

18. (a) Signature of funeral director Vaughan Peeler

(b) Address Urbana, Mo.

19. (a) 3-30-47 (b) Ernest Peeler
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature La Alcoa (M. D. or other) MD

Address Urbana mo Date signed 2/24/47

Duration 3 days

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

DATE FILED
DISTRICT HEALTH OFFICER No. 3
DISTRICT No. 8-47-352
DISTRICT No. 8-47-352

RECEIVED

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 *Allen W. Vaughan*

Licensed Embalmer No. *4156*

P. O. Address *Arbana, 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.