

S. No. 2
M-5-43
7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dwyer 10243
State File No. _____
Registrar's No. 102

FILED APR 14 1947
Registration District No. 277

Primary Registration District No. 3052

Registrar's No. 102

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

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(c) Name of hospital or institution:
Broadway and Hancock Avenue 8
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 23 years
years, months or days

3. (a) PRINT FULL NAME William H. Dwyer
3. (b) If veteran, name war None
3. (c) Social Security No. 492-14-7418

4. Sex Male 5. Color of race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gertrude E. Dwyer
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased December 28, 1880
(Month) (Day) (Year)

8. AGE: Years 66 Months 2 Days 16
If less than one day _____ hr. _____ min.

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

10. Usual occupation Barber

11. Industry or business _____

MOTHER FATHER { 12. Name Martin Dwyer
13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

{ 14. Maiden name Agnes Bobbitt
15. Birthplace Pilot Grove, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gertrude Dwyer [wife]
(b) Address 1013 East 11th, Sedalia, Mo.

17. (a) Burial (b) Date thereof 3-17-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wesley Chapel Cemetery
near Pilot Grove, Mo.

18. (a) Signature of funeral director Alvina Ewing
(b) Address Sedalia, Mo.

19. (a) 3/15/47 (b) Betty Yeager
(Date received local registrar) (Registrar's name)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1013 East Eleventh Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14
year 1947 hour 1 minute P M.

21. I hereby certify that I viewed the deceased from as coroner
3/14, 1947, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
coronary occlusion
occlusion
Due to coronary thrombosis
Due to Thrombosis

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

Major findings: _____
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)
(e) Means of injury _____

23. Signature W. K. L. Holden (M.D. or other) PO
Address 715 E. 11th - Sedalia, Mo. Date signed 3/14/47

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-12-49

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 Ernest Ewing

Licensed Embalmer No. 3847

P. O. Address Redalia, 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.