

FILED AUG 29 1947

Registration District No. 20

Primary Registration District No. 4452

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town Wentzville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Charles 92
(c) City or town Wentzville
(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 GEORGE B. DYER

3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex MO 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Elizabeth Woods
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 31 1857
(Month) (Day) (Year)

8. AGE: Years 90 Months 6 Days 13
If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Mail Carrier

11. Industry or business _____

12. Name James Dyer
13. Birthplace Lincoln County Mo
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Williams
15. Birthplace Lincoln County Mo
(City, town, or county) (State or foreign country)

16. (a) Informant George Dyer
(b) Address Sullivan Mo

17. (a) Burial (b) Date thereof Aug. 15-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery Wentzville

18. (a) Signature of funeral director T. E. Pittman

(b) Address Wentzville Mo

19. (a) 8/15/47 (b) Mrs. Jess Lewis
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 13
year 1947 hour 12 minute noon M.

21. I hereby certify that I attended the deceased from 8-7 1947 to 8-13 1947
that I last saw him alive on 8-13 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 6 Day

Due to Respiratory Infection
Due Caecum of Rose 7 yrs

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

Major findings:
Of operations _____
Of autopsy 5/3
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) _____
Means of injury _____

23. Signature Charles L. Hove (M. D. or other) MD
Address Wentzville Date signed 8-14-47

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

92
00

OCT 15 1947

Date Filed AUG 28 1947

District File Number

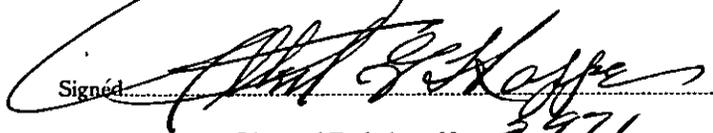
District Health Officer No. 9,

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 

Licensed Embalmer No. 2971

P. O. Address.....

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.