No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 3 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33717

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 1284

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Methodist Hospital (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)

In this community 50 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan 11

(c) City or town: St. Joseph (If outside city or town limits, write "RURAL") 1

(d) Street No.: 2705 S.23rd Street (If rural, give location) 7 0

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Charles Edward Dwyer

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married 1

6. (b) Name of husband or wife: Sadie A. Dwyer

6. (c) Age of husband or wife if alive: 79 years

7. Birth date of deceased: December (Month) 7 (Day) 1861 (Year)

8. AGE: ✓ Years 85 Months 10 Days 21 — If less than one day ... hr. ... min.

9. Birthplace: Unknown (City, town, or county) Indiana (State or foreign country)

10. Usual occupation: Retired Common Labor

11. Industry or business

FATHER
12. Name: James Dwyer
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name: Mary Park
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant: Mrs. Sadie A. Dwyer

(b) Address: 2705 S.23rd St.,St.Joseph,Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct.30,1947 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Mora Cemetery

18. (a) Signature of funeral director: Walter Meierhoffer

(b) Address: 1946 Colhoun St.,St. Joseph, Mo.

19. (a) 10-30-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 2971

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28 year 1947 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from 18 oct 47, 19..., to 28 oct, 1947 that I last saw him alive on 28 oct, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia	1 week
Due to: Chest injury Fracture ribs 8-9-10 Rt	10 days
Due to:	
Other conditions: Senility (Include pregnancy within 3 months of death) Arteriosclerosis	
Major findings: Of operations:	
Of autopsy: no	

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): accident 131

(b) Date of occurrence: October 17, 1947

(c) Where did injury occur? St.Joseph,Buchanan,Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)

While at work? no (e) Means of injury: fall

23. Signature: Maxwell Day (M. D. ~~or other~~) 0

Address: 2 8th 7th Date signed: 10-28-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 Elbert A. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, 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.