

No. 2  
12-45  
17-39  
X47070

FILED NOV 18 1947

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 277

1. PLACE OF DEATH:

(a) County Baone  
(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Ellis Fischel State Cancer Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 70 days (Specify whether

In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME Cora Alice Dyer

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife (deceased) 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 18, 1896  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
51 2 9 hr. min.

9. Birthplace: Laclede, Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Sales lady

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name George H. Kincheloe

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

14. Maiden name Fannie Taylor

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

16. (a) Informant Frank W. Dyer

(b) Address Lebanon, Missouri

17. (a) Removal (b) Date thereof 10-27-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lebanon Mo.

18. (a) Signature of funeral director James

(b) Address Lebanon Mo.

19. (a) 10-27-47 (b) Mrs R.E. Palmer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10  
(c) City or town Lebanon 5  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. 734 W. Second Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_ 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27  
year 1947 hour 2:30 minute P. M.

21. I hereby certify that I attended the deceased from August 29  
\_\_\_\_\_, 1947, to October 27, 1947  
that I last saw her alive on October 27, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Epid. Carcinoma  
Due to of cervix uteri 3 yrs  
with metastases  
Due to (abdominal)

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy Abnorm 46A

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) Means of injury \_\_\_\_\_

23. Signature Chas O. Leckhart (Physician)

Address Columbia Mo Date signed 10-27-47

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

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed NOV 17 1947

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... *S R Palmer* .....

Licensed Embalmer No. *2308* .....

P. O. Address *Lebanon 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.