No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 8 1948
Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

Dr. Turner
State File No. 41397
Registrar's No. 1087

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 Weeks (Specify whether years, months or days)
In this community: 4 Weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Webster
(c) City or town: Marshfield ~~xxxx~~ - Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: Ozark Township
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Elmer Hyde
3. (b) If veteran, name war: Waorl War # 1
3. (c) Social Security No. 483-26-1382
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Louise Hyde
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: January (Month) 11 (Day) 1891 (Year)

8. AGE: Years	Months	Days	If less than one day
56	11	4	hr. min.

9. Birthplace: Webster County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Maintenance Man
11. Industry or business: State Highway Dept.

FATHER
12. Name: Alec Hyde
13. Birthplace: (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Sarah Sopening
15. Birthplace: (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Louise Hyde
(b) Address: Marshfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/17/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Marshfield, Mo.
18. (a) Signature of funeral director: H.H. Lohmeyer
(b) Address: Springfield, Mo.
19. (a) 12-19-47 (Date received local registrar) (b) W E Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec. day: 15 year: 1947 hour: 6 minute: 20 P.M.
21. I hereby certify that I attended the deceased from Nov. 24, 1947 to Dec. 15, 1947; that I last saw him alive on Dec. 15, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: HYPERTENSIVE CARDIOVASCULAR DISEASE	UNKNOWN.
Due to:	
Due to:	
Other conditions: UREMIA (Include pregnancy within 3 months of death)	
CARDIAC DECOMPENSATION	
Major findings: Of operations:	
Of autopsy: AS ABOVE	

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): ✓
(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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: Glenn T. Turner (M. D. ~~or other~~)
Address: Springfield, Mo. Date signed: 12/8/47

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

JAN 9 1948

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. Walter E Hamell

Licensed Embalmer No. 3808

P. O. Address Springfield 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.