S. No. 300
M—10-47
v. 5-17-39
Form 1-3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 27 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15128

Registration District No. 326

Primary Registration District No. 4482

Registrar's No. 326

1. PLACE OF DEATH:

(a) County Scotland

(b) City or town Memphis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community all his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scotland

(c) City or town Memphis 99
(If outside city or town limits, write "RURAL")

(d) Street No. /
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country 0

3. (a) PRINT FULL NAME Walter Hyde

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Daisy Hyde

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Dec (Month) 7 (Day) (Year)

8. AGE: Years 78 | Months | Days | If less than one day hr. min.

9. Birthplace Scotland Co. (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name William Hyde
13. Birthplace (City, town, or county) Ohio (State or foreign country) 1

MOTHER
14. Maiden name Phoebie Edwards
15. Birthplace (City, town, or county) (State or foreign country) 9

16. (a) Informant Ruben Hyde
(b) Address Memphis Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 14 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Memphis Cemetery

18. (a) Signature of funeral director Geith & Bartlett
(b) Address Memphis Mo.

19. (a) 4/19/48 (Date received local registrar) (b) M T Baker (Registrar's signature) 4-11-48

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month March day 11
year 1948 hour 8 minute 50 P.M.

21. I hereby certify that I attended the deceased from Feb 26, 1948 to March 11, 1948
that I last saw him alive on March 11, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lymphoblastomas	6 Mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 55 E
Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature E. E. Gilfillan (M. D. or other) MD
Address Memphis, Mo Date signed 3-17-48

(Licensed Embalmer's Statement on Reverse Side)

FEB 10 1949

RECEIVED
District Health Officer No. 10
District File Number 4-48-779
Date Filed APR 26 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.....

Licensed Embalmer No.....

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.