o. 2
/47
7-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22208

FILED AUG 9 1948

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 812

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)
(d) Length of stay: In hospital or institution: 4 days
In this community: Most of Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 0
(If outside city or town limits, write "RURAL")
(d) Street No.: R.F.D. # 3 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country:

3. (a) PRINT FULL NAME: JOHN F. DYER
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: Widowed
6. (b) Name of husband or wife: Daisy B.
6. (c) Age of husband or wife if alive: dead years
7. Birth date of deceased: March (Month) 23, (Day) 1867 (Year)

8. AGE: Years 81 | Months 4 | Days 4 | If less than one day: hr. min.

9. Birthplace: Agency (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation: Retired Farmer
11. Industry or business: None
FATHER
12. Name: Unknown 9
13. Birthplace: Unknown (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name: Unknown 11
15. Birthplace: Unknown (City, town, or county) (State or foreign country) 1
16. (a) Informant: Mrs. Sylvia Wright
(b) Address: 5723 King Hill Ave., City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/29/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Auburn Cemetery
18. (a) Signature of funeral director: John E. Knipp
(b) Address: 6054 Prior Ave., City
19. (a) 8-2-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature) 38.2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27, year 1948 hour 5 minute :40 P.M.

21. I hereby certify that I attended the deceased from July 23, 1948 to July 27, 1948 that I last saw him alive on July 27, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Decompensation .	Ukn.
Due to: Cellulitis of rt. leg and rt. side.	Ukn.
Due to: Arteriosclerotic Heart Disease	Ukn.
Due to: XX	
Other conditions: XX (Include pregnancy within 3 months of death)	

Major findings: OF Autopsy 7-28-48
~~Of operation~~
Cellulitis; Enlarged dilated Heart; Pulmonary Conjestion;
Of autopsy:

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: 0

23. Signature: Owen W. Tracy (M. D. or other)
Address: 40 Tootle Bldg. Date signed: July 29 1948

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Grandal R. Stabe, Registered Apprentice No. 213, working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 3986

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.