

No. 300
10-47
5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26727

FILED SEP 4 1948
Registration District No. 230

Primary Registration District No. 5573

Registrar's No. 162

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
South of Grain Valley, Mo. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 18 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Buckner (If outside city or town limits, write "RURAL") 0

(d) Street No. Rural (If rural, give location) 0

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

If yes, name country X

3. (a) PRINT FULL NAME Donald Lee Dyer

3. (b) If veteran, name war no

3. (c) Social Security No. yes 497-28-4970

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9
year 1948 hour 4 minute 00 P.M.

4. Sex Male 5. Color or race wh

6. (a) Single, widowed, married, divorced S 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased: Nov. 19 1929
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____
Coroner Call to _____, 19____;
that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
18 8 21 hr. _____ min.

Immediate cause of death
drowning-- in the
Tarsney Lakes, south of Grain
Due to Valley, Mo.

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

10. Usual occupation school boy

Due to _____

Other conditions (Include pregnancy within 3 months of death) 63

11. Industry or business _____

MOTHER FATHER { 12. Name Lee M. Dyer

13. Birthplace Cedar County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Minnie F. (Dyer) Reese

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

16. (a) Informant Lee M. Dyer

(b) Address Buckner Missouri

17. (a) burial (b) Date thereof 8/11-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buckner Cemetery

18. (a) Signature of funeral director V. M. Reppert

(b) Address Buckner Missouri

19. (a) 8-17-48 (b) Donald E. Garsthouse
(Date received local registrar) (Registrar's signature)

Major findings: _____

Of operations _____

Of autopsy no

history + 7 cigarettes

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) accident

(b) Date of occurrence Aug. 9, 1948 48

(c) Where did injury occur? So of Grain Valley Mo.
(City or town) (County) (State)

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

While at work? no (Specify type of place) (e) Means of injury Running

23. Signature Jamuel Walker (M. D. or other) MD
Address Kansas City, Mo. Date signed 8-10-1948

WRITE PLAINLY—USE 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.....

Ralph O Jones

Registered Apprentice No. *65*

working under my personal supervision.

Signed.....

Samuel M. Reppert

Licensed Embalmer No. *3411*

P. O. Address..... *Buckner, 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.