

FILED NOV 6 1948

Registration District No. **77**

Primary Registration District No. **3008**

Registrar's No. **308**

1. PLACE OF DEATH:
 (a) County Callaway
 (b) City or town Fulton Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Callaway Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 33 days
 (Specify whether
 In this community
 years, months or days)

3. (a) PRINT FULL NAME ROBERT MORGAN KYGER
3. (b) If veteran, name war N/O
3. (c) Social Security No. 486-12-8275

4. Sex Male **5. Color or** White
6. (a) Single, widowed, married, Single
6. (b) Name of husband or wife.
6. (c) Age of husband or wife if
 alive _____ years
7. Birth date of deceased. Sept 8 - 1893
 (Month) (Day) (Year)

8. AGE: Years 60 Months 11 Days 14
 If less than one day
 hr. _____ min.

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

10. Usual occupation. Farmer & Laborer

11. Industry or business.

MOTHER FATHER
12. Name. Peter Kyger
13. Birthplace. Callaway Co Mo
 (City, town, or county) (State or foreign country)
14. Maiden name. America Rebecca Ferguson
15. Birthplace. Nalefax Virginia
 (City, town, or county) (State or foreign country)

16. (a) Informant. Mrs Anna Swan
(b) Address. Fulton Mo.

17. (a) Burial Burial **(b) Date thereof.** Oct 14 - 48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. St. Pleasant Rose Cr.

18. (a) Signature of funeral director. Walt Pleasant
(b) Address. New Bloomfield Mo

19. (a) Oct 26 1948 **(b) Jade Morosukhoff**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Boone County
 (c) City or town Rural Hartburg Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3 miles Southwest
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 12
 year 1948 hour 7 minute 30 P.M.
21. I hereby certify that I attended the deceased from
9/9 1948 to 10/12 1948
 that I last saw him alive on 10/12 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death.
Coronary Perforation with generalized infection
Duration and year
 Due to _____
 Due to _____
Other conditions. fracture of humerus **Physician** 12/18
 (Include pregnancy within 3 months of death) **Physician** 12/18

Major findings:
 Of operations _____
Of autopsy. 12/18

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)
Signature. Henry Dinst **(M. D. or other)** M.D.
Address. Fulton, Mo. **Date signed.** 10/14/48

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed NOV 5 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.....

LeRoy Claypool

Licensed Embalmer No. 4412

P. O. Address

New Bloomfield Pa

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.

Registration District No. 47

Primary Registration District No. 3008

1. PLACE OF DEATH:
 (a) County Callaway
 (b) City or town Fulton
(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 _____
years, months or days

3. (a) PRINT FULL NAME Robert M. Nyger
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced S
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 8
(Month) (Day) (Year)

8. AGE: Years 65 Months _____ Days _____
(Less than one day) hr. min.

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER-FATHER
 12. Name _____
 13. Birthplace _____
(City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____
 (b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
 (b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State _____ (b) County _____
 (c) City or town _____
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month _____ Year 1948 Hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____, 19____;
 that I last saw him/her alive on _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident
 (b) Date of occurrence not certain - Fall out of bed
 (c) Where did injury occur? Fulton, Callaway, Mo.
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Remain's Home
 While at work no (Specify type of place) _____
 (e) Means of injury tripped by bed
 23. Signature Henry Wendt (M. D. or other) Ch.D.
 Address Fulton, Mo. Date signed 11/11/48

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

SUPPLEMENTARY

S-32192