

No. 300
-10-47
-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. 36628

FILED DEC 4 1948 49
Registration District No. 49

Primary Registration District No. 1002

Registrar's No. 4667

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

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. LUKES HOSP
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 MO. (Specify whether
In this community 28 YEARS years, months or days)

3. (a) PRINT FULL NAME MR. VERNE HYDE
3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced / MARRIED
6. (b) Name of husband or wife MRS. MAUDE HYDE 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased JAN. 30 1867
(Month) (Day) (Year)

8. AGE: Years 81 Months 9 Days 12 If less than one day hr. min.

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

10. Usual occupation RETIRED

11. Industry or business

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

16. (a) Informant MRS. MAUDE HYDE

(b) Address 451 GREENWAY TERRACE

17. (a) CREMATION (b) Date thereof 11-15-48
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL

18. (a) Signature of funeral director STINE & MCCLURE

(b) Address 3235 GILLHAM PLAZA, K.C., MO.

19. (a) 11-15-48 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 451 GREENWAY TERRACE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 12
year 1948 hour 2 minute P M.

21. I hereby certify that I attended the deceased from Aug. 11, 1948
to Nov. 12, 1948
that I last saw h. im alive on Nov. 12, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion. Duration

Due to Long standing hypertension.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 94a
Of operations
Of autopsy
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

23. Signature W. L. Cochran W. L. Cochran, M.D.
(M. D. or other) M. D.

Address 411 Alameda Rd. Date signed 11-15-48

for at 1st funeral
S. H. W.

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.....

William F. Anderson, Registered Apprentice No. *259*
working under my personal supervision.

Signed.....

[Signature]

Licensed Embalmer No. *1415*

P. O. Address. *[Handwritten]*

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.