No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 10 1949

Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 39402

Registrar's No. 1423

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: State Hospital No. 2 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 4 years 6 months (Specify whether years, months or days)
In this community: 3 4 years 6 months

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Clay 24
(c) City or town: Excelsior Springs (If outside city or town limits, write "RURAL") 1
(d) Street No.: — — — (If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country:

3. (a) PRINT FULL NAME: ROBERT LUTHER HYMER
3. (b) If veteran, name war: no
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: unknown
6. (c) Age of ~~husband or~~ wife if alive: unknown years
7. Birth date of deceased: ? (Month) ? (Day) 1867 (Year)

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

9. Birthplace: unknown (City, town, or county) Missouri (State or ~~foreign country~~)
10. Usual occupation: Farmer
11. Industry or business: Agriculture
12. Name (Father): unknown
13. Birthplace (Father): unknown (City, town, or county) Kentucky (State or ~~foreign country~~)
14. Maiden name (Mother): unknown
15. Birthplace (Mother): unknown (City, town, or county) Tennessee (State or ~~foreign country~~)
16. (a) Informant: H. C. Hymer
(b) Address: Liberty, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 12-31-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Liberty, Mo.
18. (a) Signature of funeral director: Stanley Funeral Home
(b) Address: St. Joseph, Mo.
19. (a) 1-5-49 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature) 282

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 31 year 1948 hour 8 minute 0 A.M.
21. I hereby certify that I attended the deceased from 3-1-47 to 12-30-48 that I last saw him alive on 12-30-48 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary tuberculosis	8 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Psychosis	35 years

Major findings:
Of operations: 13B
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: Forrest Thomas (M. D. or other) St. Joseph, Mo.
Address: State Hospital No. 2 St. Joseph Mo. Date signed: 12-31-48.
by Murray O.D.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

0

FEB 17 1905

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 Charles M. Harman

Licensed Embalmer No. 4487

P. O. Address St. Joseph

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.