

FILED DEC 8 1944
Registration District No. 137

Primary Registration District No. 4215

Registrar's No. 192

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

1. PLACE OF DEATH
(a) County Henry
(b) City or town Brownington
(c) Name of hospital or institution _____
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Henry
(c) City or town Brownington Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 50 East Park Town
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James William Hyder
3. (b) If veteran, name war _____ 3. (c) Social Security No. 493-12-6710

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 11 day 8th
year 1944 hour 10:00 minute _____ P. M.
21. I hereby certify that I attended the deceased from Nov 8
1944 to Nov 8 1944
that I last saw him alive on Nov 8
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Florence 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased 11 (Month) 8 (Day) 1871 (Year)

Immediate cause of death apoplexy
chronic interstitial
nephritis
Due to _____
Duration _____
Due to 131a

8. AGE: Years 73 Months 00 Days 00 If less than one day _____ hr. _____ min.
9. Birthplace Kentucky (City, town, or county) _____ (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Labor
11. Industry or business _____
12. Name James W. Hyder
13. Birthplace Illinois (City, town, or county) _____ (State or foreign country)
14. Maiden name Phoebe Canada
15. Birthplace Illinois (City, town, or county) _____ (State or foreign country)

22. If death was due to external cause, 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? _____

16. (a) Informant Florence Hyder
(b) Address Brownington Mo
17. (a) Burial (b) Date thereof 11-11-44 (Month) (Day) (Year)
(c) Place: burial or cremation Brownington Mo
18. (a) Signature of funeral director Jack Wilkman
(b) Address Clinton
19. (a) November 10, 1944 (Date received local registrar) Georgia Kitchener (Registrar's signature)

(Specify type of place) _____ (c) Means of injury _____
23. Signature C. D. Taylor (M. D. or other) _____
Address Brownington Mo Date signed 11-9-44

RECEIVED

with Officer No. 7,

Date Filed 11-4-44-1360

12-7-44

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.....

Licensed Embalmer No. 2478

P. O. Address.....

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.