

REC'D MAR 13 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

5895  
Do not use this space.

## 1. PLACE OF DEATH

(a) County BUCHANAN Registration District No. 85  
(b) Township WASHINGTON Primary Registration District No. 1001  
(c) City ST. JOSEPH, (d) Street No. ST. JOSEPH'S HOSPITAL St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME KATHERINE BEANNETTE DYER

(a) Residence, No. 2416 JULES ST. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. J. DYE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEBRUARY 26, 1862

7. AGE YEARS 76 MONTHS 11 DAYS 5 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEWIFE

9. Industry or business in which work was done, as saw mill, bank, etc. HOME

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) MICHIGAN CITY,  
(STATE OR COUNTRY) IND.

13. NAME GEORGE ATWELL,

14. BIRTHPLACE (CITY OR TOWN) LA PORTE,  
(STATE OR COUNTRY) INDIANA

15. MAIDEN NAME JEANNETTE ATWELL

16. BIRTHPLACE (CITY OR TOWN) MICHIGAN CITY,  
(STATE OR COUNTRY) IND.

17. INFORMANT EARL H. DYE  
(ADDRESS) 2416 JULES, ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK CEM. DATE FEB. 3, 1939

19. FUNERAL DIRECTOR (NAME) FLEEMAN & SON, INC.  
(ADDRESS) 1946 COLHOUN ST. ST. JOSEPH, MO.

20. FILED 7/2 1939 J. J. North  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB. 1, 1939

22. I HEREBY CERTIFY That KATHERINE BEANNETTE DYER deceased from January 23, 1939 to February 1, 1939  
I first saw her ER alive on Jan 31, 1939. Death is said to have occurred on the date stated above, at 3:00 A. M.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset 1/27/39

Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis? Chumey Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? NO  
If so, specify.....  
(Signed) John W. Merriam, M. D.  
85 (Address) 109 1/2 18th St. St. Joseph MO

**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, JOHN E. RUPP

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed

*John E. Rupp*

Licensed Embalmer No. 3986

1946 COLHOUN ST.  
P. O. Address ST. JOSEPH, MISSOURI.

**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, above space should be left blank.**