No. 2

1—X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 23 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

10232

State File No. 87

Registration District No. 83 — Primary Registration District No. 1801 — Registrar's No. 380

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: 2018 ST-JOSEPH-AV. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — 1 (Specify whether

In this community ABT - 50 - YRS - years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUCHANAN 011

(c) City or town ST-JOSEPH- 1 (If outside city or town limits, write "RURAL") 7

(d) Street No. 2018 ST-JOSEPH-AV. (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME BERT-DANE- DYSON.

3. (b) If veteran, name war NO

3. (c) Social Security No. NO.

4. Sex Male 0

5. Color or race Wht.

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lena Dyson

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Apr. (Month) 15 (Day) 1878 (Year)

8. AGE: Years 63 Months 11 Days 24 If less than one day hr. min.

9. Birthplace Bloomingdale (City, town, or county) 1 Wis. (State or foreign country)

10. Usual occupation Merchant

11. Industry or business

FATHER
12. Name C. W. Dyson
13. Birthplace Unk (City, town, or county) Ohio. 1 (State or foreign country)

MOTHER
14. Maiden name Lucy A Dane
15. Birthplace Unk (City, town, or county) Ohio. 1 (State or foreign country)

16. (a) Informant Lena M. Dyson

(b) Address St Jos. MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-11-42 (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cem

18. (a) Signature of funeral director Roy Stamey

(b) Address St Joseph MO

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9 year 1942 hour 8:30 minute P M.

21. I hereby certify that I attended the deceased from , 19 , to 4/9 1942 that I last saw him alive on 4/9 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Comma Arteriosclerosis

Due to Comma

Due to —

Other conditions — (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy no

Duration

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 J. F. Stamey (M. D. or other) 0

Address 2824 St Joseph Date signed 4/10/42

1233

(Licensed Embalmer's Statement on Reverse Side)

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.....John Roy Stone

Licensed Embalmer No. 2435

P. O. Address.....St Joseph Mo

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.

S. No. 2B
M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10232

Registration District No. 85 Primary Registration District No. 1001 Registrar's No.

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

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:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

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

3. (a) PRINT FULL NAME: Bert D. Dyson
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: M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Apr (Month) 15 (Day) 1878 (Year)
8. AGE: Years 63 Months 11 Days 28 If 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) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 4-11-42 (Date received local registrar) (b) Rose Hergay (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr Day year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Due to
Due to
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.

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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (c) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY