

No. 2
1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18433

State File No. _____
Registrar's No. 47

Registration District No. 3027

Primary Registration District No. 3027

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Macon
(c) City or town Macon
(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 Lydia Dyart
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 10 year 1942 hour 7 minute 0 A.M.
21. I hereby certify that I attended the deceased from May 6 1942 to May 10 1942
that I last saw her alive on May 9 1942
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 18 - 1852
(Month) (Day) (Year)

Immediate cause of death Coronary Hypertension Duration Six yrs
Due to _____
Due to _____

8. AGE: Years 89 Months 7 Days 22 If less than one day _____ hr. _____ min.

Other conditions Resuscitation Birth
(Include pregnancy within 3 months of death)

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

10. Usual occupation House-keeper

11. Industry or business _____

12. Name Robert Reynolds

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

14. Maiden name _____

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

16. (a) Informant Mrs Dan Shears

(b) Address Atlanta Mo

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

(c) Place: burial or cremation Woodlawn Cem

18. (a) Signature of funeral director Robert Shears

(b) Address Macon Mo

19. (a) 6/30/42 (b) Jova B. Hunkler
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____
Of autopsy _____ 93d
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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Walter Druell (M. D. or other) _____
Address Macon Mo Date signed 5/24/42

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

MOTHER FATHER

1037 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 6-42-1288

Date Filed APR 15 1949

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 Alfred Skennard

Licensed Embalmer No. 751

P. O. Address Macon Ga

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.