

FILED MAY 27 1942

State File No. ....

Registration District No. 566

Primary Registration District No. 3030

Registrar's No. 40

1. PLACE OF DEATH:

(a) County MISSISSIPPI  
(b) City or town CHARLESTON  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
701 STATE ST 1  
(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) 27 YEARS

3. (a) PRINT FULL NAME MYRTLE ILLA MAY DYER

3. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife FRED DYER 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased: July 7, 1899  
(Month) (Day) (Year)

8. AGE: Years 42 Months 9 Days 28 If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

MOTHER FATHER { 12. Name HENRY STOKES GANN  
13. Birthplace VIENNA ILLINOIS  
14. Maiden name ELECTRA IRENE LUCAS  
15. Birthplace PADUCAH KENTUCKY  
(City, town, or county) (State or foreign country)

16. (a) Informant FRED DYER  
(b) Address 701 STATE ST., CHARLESTON, MO

17. (a) BURIAL (b) Date thereof 5-8-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 100E-CHARLESTON MO

18. (a) Signature of funeral director John W. Ammerlae  
(b) Address CHARLESTON, MO

19. (a) 5/6/42 (b) D. S. Moore  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MISSISSIPPI  
(c) City or town CHARLESTON  
(If outside city or town limits, write "RURAL")  
(d) Street No. 701 STATE ST  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 5<sup>TH</sup>  
year 1942 hour 2 minute 26 P.M.

21. I hereby certify that I attended the deceased from January 1941 to May 5 1942  
that I last saw him alive on May 5 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of left breast with generalized metastasis  
Due to Carcinomatosis 3 yrs

Due to .....

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

Major findings: Of operations 50  
Of autopsy .....

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) .....

(c) Means of injury 0

23. Signature William G. Davis (M. D. or other) MD  
Address Charleston MO Date signed 5-6-42

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

RECEIVED  
District Health Office No. 2,  
District File Number 542-636  
Date Filed 5-18-42

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**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 P. Munnick Jr  
Licensed Embalmer No. 385-1  
P. O. Address Charleston 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.**