

MISSOURI JUL 9 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20244

State File No.

Registrar's No. 2473

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1726 Woodland Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community Eight Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

Missouri Jackson 48
(a) State..... (b) County.....
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 1726 Woodland
(If rural, give location) 6
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Cordie Lee Dyer

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

4. Sex Female 3 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Claud Dyer 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Nov. 23 1895
(Month) (Day) (Year)

8. AGE: Years 46⁴⁷ Months 7 Days 3 If less than one day
..... hr. min.

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

10. Usual occupation house wife

11. Industry or business.....

12. Name Mack Stewart

13. Birthplace Macon Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Maely Andrew

15. Birthplace Oceola Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Claude Dyer

(b) Address 1726 Woodland

17. (a) Burial (b) Date thereof 6-30-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director W. H. Appleton

(b) Address 1905 Vine St

19. (a) 6-29-42 (b) M. N. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1942 hour 10 minutes 13 M

21. I hereby certify that I attended the deceased from June 26 1942
that I last saw her alive on June 26 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Regurgitation

Due to.....
Due to..... 92B

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

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

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?

While at work?..... (Specify type of place)
Means of injury.....
23. Signature G. W. Brown (M. D. or R.N.)
Address 1705 E 12 Date signed June 27, 42

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

MOTHER FATHER

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

C. H. West

Licensed Embalmer No. *2710*

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.