

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 272

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 Mercy Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 56 DAYS  
(Specify whether years, months or days)

In this community Year

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DeKalb 32

(c) City or town Cameron No Rural  
(If outside city or town limits, write "RURAL") 0

(d) Street No. ....  
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME John J. Dyas

3. (b) If veteran, name war. ....

3. (c) Social Security No. ....

4. Sex Male 5. Color or face White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma Dyas 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Nov. 5 1893  
(Month) (Day) (Year)

8. AGE: Years 59 Months 3 Days 8 If less than one day hr. .... min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Valentine Dyas

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

14. Maiden name Luzia Dice

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

16. (a) Informant John J. Dyas

(b) Address Cameron Mo

17. (a) B (b) Date thereof Feb-16-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Grove Cemetery

18. (a) Signature of funeral director J. G. ...

(b) Address Stoughtonville, Mo.

19. (a) 2-16-43 (b) Roe Herzog  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13 year 1943 hour 10 minute 32 P. M.

21. I hereby certify that I attended the deceased from 12-19-  
1942 to 2-13- 1943  
that I last saw him alive on 2-13- 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 3h.  
Duration

Due to Arteriosclerosis

Due to

Other conditions Ba!  
(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)

(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 2

23. Signature John J. Dyas (M. D. or other) DO

Address 873 Mason St Date signed 2-13-43

1233

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

**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.....

Licensed Embalmer No.....

P. O. Address.....

*J. G. Brown*  
*952*  
*Stewartville 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.