

FILED AUG 7 1948

Registration District No. **182**

Primary Registration District No. **5684 4298**

Registrar's No. **17**

1. PLACE OF DEATH:

(a) County **Linn**  
(b) City or town **Linneus**  
(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)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Linn**  
(c) City or town **Linneus, (Rural)**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **XXXXXX**

3. (a) PRINT FULL NAME **Benjamin Earl Dyche**

3. (b) If veteran, name war **XXXXXXXXXXXX** 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife **XXXXXX** 6. (c) Age of husband or wife if alive **XXX** years

7. Birth date of deceased **September 15 1879**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**68 10 4** hr. min.

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

10. Usual occupation **Retired**

11. Industry or business

12. Name **John Dyche**  
13. Birthplace **Nodaway Co. Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Emma Ginther**  
15. Birthplace **Linn Co. Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Clara Owens**  
(b) Address **Meadville, Missouri**

17. (a) **Burial** (b) Date thereof **7/21/1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood Cemetery**

18. (a) Signature of funeral director **Brothers Funeral Home**

(b) Address **Linneus, Missouri**

19. (a) **July 27, 1948** (b) **Mrs Rudea Kelley**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **19th**  
year **1948** hour **8:00** minute **p.** M.

21. I hereby certify that I attended the deceased from **May 15**, 1948 to **July 19**, 1948  
that I last saw him alive on **June 25**, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma bronchial** Duration **1 yr**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **Prostate hypertrophy**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **47D**

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) (e) Means of injury **?**

23. Signature **John R. Dyer** (M. D. or other) **MD**

Address **Brookfield, Mo** Date signed **7/20**

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.....

..... **W. R. Wright** ....., Registered Apprentice No. **207**  
working under my personal supervision.

Signed..... *David A. Taylor* .....

Licensed Embalmer No. **3761** .....

P. O. Address..... **Linneus, Missouri** .....

**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.**