

Registration District No. 145

Primary Registration District No. 5208

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Carter
(b) City or town Grandin
(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) 2
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 1 year 18 days (Specify whether)
years, months or days 1 8 0

3. (a) PRINT FULL NAME DANIE EUGENE BYRD

3. (b) If veteran, name war L 3. (c) Social Security No. L

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced D

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 3 1939
(Month) (Day) (Year)

8. AGE: Years 1 Months 18 Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation Baby

11. Industry or business _____

12. Name Daniel Franklin Byrd

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

14. Maiden name Prigimal Cannon

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

16. (a) Informant's own signature Dora Mae Byrd

(b) Address Grandin Mo

17. (a) Grandin Mo (b) Date thereof 3-22-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grandin Amelia

18. (a) Signature of funeral director W B M Kennedy

(b) Address Grandin Mo

19. (a) 3-25-1940 (b) Loyal E. Wood
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carter
(c) City or town Grandin
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March Day 21
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw him alive on 3/20 and that death occurred on the date and hour stated above. 40
Duration _____

Immediate cause of death Lobar pneumonia - 2 days

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 10

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)
(a) Means of injury _____

23. Signature Clifford Gofort (M. D. or other) _____
Address Douglas Mo Date signed _____

USE CONTINUING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

RECEIVED
working under my personal supervision.

District Health Officer No. 5,

Signed.....

District File Number 440 454

Licensed Embalmer No.....

Date Filed 4/11/40

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, above space should be left blank.