

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

SEP 19 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28470

State File No.

Registration District No. 305

Primary Registration District No. 4184

Registrar's No. 25

1. PLACE OF DEATH:

- (a) County Gasconade
(b) City or town Owensville
(c) Name of hospital or institution: 2
(If outside city or town limits, write "RURAL" and name of township)

- (d) Length of stay: In hospital or institution 4 months + 15 days (Specify whether years, months or days)
In this community 4 months + 15 days

3. (a) PRINT FULL NAME Lorane Elizabeth Byrd

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

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

6. (b) Name of husband or wife no 6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) 14 (Day) 1940 (Year)

8. AGE: Years 0 Months 4 Days 15 If less than one day hr. no min. no

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

10. Usual occupation

11. Industry or business

12. Name Lawrence Byrd
13. Birthplace Owensville (City, town, or county) Missouri (State or foreign country)
14. Maiden name Bentley Normann
15. Birthplace Owensville (City, town, or county) Mo (State or foreign country)

16. (a) Informant Lawrence Byrd
(b) Address Owensville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-30-40 (Month) (Day) (Year)

- (c) Place: burial or cremation Buried Byrd Cemetery Owensville Mo

18. (a) Signature of funeral director W.F. Gottenstrater

- (b) Address Owensville Mo

19. (a) 8-30-40 (Date received local registrar) (b) Arthur A. Barnes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Gasconade
(c) City or town Owensville (If outside city or town limits, write "RURAL")
(d) Street No. no (If rural, give location)
(e) If foreign born, how long in U. S. A. no years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28
year 1940 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug 12 to Aug 28, 1940.
that I last saw her alive on 8-28, 1940.
and that death occurred on the date and hour stated above.

- Immediate cause of death Bronchitis, acute

- Due to no

- Due to no

- Other conditions no (Include pregnancy within 3 months of death)

- Major findings: Of operations no

- Of autopsy no

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) no

- (b) Date of occurrence no

- (c) Where did injury occur? (City or town) (County) (State) no

- (d) Did injury occur in or about home, on farm, in industrial place, in public place? no

- (Specify type of place) While at work? (e) Means of injury no

23. Signature Edw. Mellies (M. D. or other) 1

- Address Owensville Mo Date signed 8-30-40

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

W. F. Gettenstroter

Licensed Embalmer No. *1444*

P. O. Address *Owensville 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, above space should be left blank.