

NOV 21 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36086

Registration District No. 708

Primary Registration District No. 5937d

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Polk
(b) City or town Goodson South Green
(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 2
In this community all her life (Specify whether years, months or days)

3. (a) PRINT FULL NAME MARY-F-BYRD

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married married
6. (b) Name of husband or wife John A. Byrd 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 30 1967 (Month) (Day) (Year)

8. AGE: Years 73 Months 4 Days 20 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business
12. Name W. Z. Cuthow
13. Birthplace Not known (City, town, or county) (State or foreign country)
14. Maiden name Miller
15. Birthplace not known (City, town, or county) (State or foreign country)

16. (a) Informant's own signature John A. Byrd
(b) Address Goodson Missouri
17. (a) Burial (b) Date thereof Oct 22, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Goodson Polk

18. (a) Signature of funeral director Hutchinson & Co
(b) Address Bolivar
19. (a) Oct 12, 1940 (Date received local registrar) (b) Mac Zimmelt (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 19 year 1940 hour 11 minute P. M.
21. I hereby certify that I attended the deceased from 1937, 19____, to Sept 19, 1940
that I last saw her alive on Sept. 19, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer in pylorus of stomach

Due to _____
Due to 46
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
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 W. H. Hutchinson (a) _____ (b) _____
Address Bolivar, Mo. Date signed 9-29

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.

RECEIVED

District Health Officer No. 7,

District File Number 11-40-1601

Date Filed 11-12-40

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

Bert Legan

Licensed Embalmer No.

3979

P. O. Address

Bolivar, 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.