

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38643

State File No. 4

Registrar's No. 10

Registration District No. 295

Primary Registration District No. 4179

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Sullivan
(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 69 Years (Specify whether
In this community 69 Years years, months or days)

3. (a) PRINT FULL NAME James Alexander Byrd

3. (b) If veteran, name war. None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Salomi Suzanna Byrd 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased June 18 1871
(Month) (Day) (Year)

8. AGE: Years 69 Months 4 Days 28 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business Mining

12. Name James Byrd

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

14. Maiden name Elizabeth Bandy
(City, town, or county) (State or foreign country)

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

16. (a) Informant Isaac A. Byrd

(b) Address Stanton, Missouri

17. (a) Burial (b) Date thereof Nov. 18
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hendricks Cemetery

18. (a) Signature of funeral director Phos. P. Shaffer

(b) Address Sullivan, Missouri

19. (a) 11-18-40 (b) Ch. H. H. H.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Sullivan, (Rural)
(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. ? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16
year 1940 hour 11 minute 55 A.M.

21. I hereby certify that I attended the deceased from 19 to 19

that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY THROMBOSIS. Duration

Due to g412

Due to g412

Other conditions g412
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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

(a) Accident, suicide, or homicide (specify) g412

(b) Date of occurrence g412

(c) Where did injury occur? g412
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? g412

While at work? Yes. (Specify type of place)
Means of injury g412

23. Signature Phos. P. Shaffer CORONER. 5
(M. D. or other)

Address Sullivan, Mo. Date signed 11/16

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 Me

....., Registered Apprentice No.
working under my personal supervision.

Signed

Edgar W. Laffoon
Licensed Embalmer No. 3394

P. O. Address

Sullivan, 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.