No. 2
17-10-39
3-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39949

FILED DEC 11 1940

Registration District No. 838 Primary Registration District No. 60980 Registrar's No.

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Rural
(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 years, months or days)
In this community 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town 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.? years.

3. (a) PRINT FULL NAME Iona Fox 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, divorced Married

6. (b) Name of husband or wife Max

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased March (Month) 4 (Day) 1890 (Year)

8. AGE: Years 50 | Months 7 | Days 22 | If less than one day hr. min.

9. Birthplace Shoales (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name George Fox

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

14. Maiden name Emmine Zellers

15. Birthplace No Record (City, town, or county) (State or foreign country)

16. (a) Informant Max Byrd

(b) Address Dexter, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/28/40 (Month) (Day) (Year)

(c) Place: burial or cremation Dexter Cem.

18. (a) Signature of funeral director Blankenship-Strickland

(b) Address Dexter, Mo.

19. (a) 12 Nov 1940 (Date received by local registrar) (b) Jennie Burton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26th year 1940 hour 4 minute 0 P. M.

21. I hereby certify that I attended the deceased from Sept 27 1940 to Oct 26 1940 that I last saw her alive on Oct 26 1940 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Multiple Carcinoma of Breast & Lungs

Due to Primary Lesions Left Breast

Due to —

Other conditions 5D
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

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 E. L. Davis (M. D. or other) Md

Address Dexter Mo. Date signed 11/11/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2
District File Number 1240-177
Date Filed 12/9/40

NOV 6 1942

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~~ J E Stuellar........, Registered Apprentice No.........

working under my personal supervision.

Signed J E Stuellar

Licensed Embalmer No. 3479

P. O. Address Dexter, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit[h] the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.