

Registration District No. 384

Primary Registration District No. 5535

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Howell
 (b) City or town Rural - Howell Twp.
(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
 In this community 68 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell
 (c) City or town Rural
(If outside city or town limit, write "RURAL")
 (d) Street No. Rt. 2, Pomona, Mo.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21
 year 1940 hour 2 minute 10 P. M.
 21. I hereby certify that I attended the deceased from
July 5, 1939 to Sept. 21, 1940,
 that I last saw her alive on August 25, 1940,
 and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Alecta Byers
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife George Byers 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased June 10, 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>3</u>	<u>11</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Mize

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

14. Maiden name Robinson

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

16. (a) Informant George Byers

(b) Address Pomona, Mo.

17. (a) Burial (b) Date thereof 9-23-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Zion Cem.

18. (a) Signature of funeral director Robertson's Mortuan

(b) Address West Plains, Mo.

19. (a) 10-16-40 (b) Vida W. Simons
(Date received local registrar) (Registrar's signature)

Immediate cause of death Cancer of the bowels
 Due to ?
 Due to _____
 Other conditions Diabetes, melitis
(Include pregnancy within 3 months of death)

Duration ?
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

Major findings: Of operations _____
 Of autopsy None made

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. L. Thoreburg Jr. (M. D. or other) _____
 Address West Plains, Mo. Date signed 10-15-40

RECEIVED
District Health Officer No. 5,
District File Number 14119
Date Filed _____
Date Filed _____

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 A. B. Roberts

Licensed Embalmer No. 3435

P. O. Address West Plains, 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.