

MAILED FEB 14 1941

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 162

Primary Registration District No. 5227

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Rural, West Peculiar
(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 19 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass
(c) City or town Rural - West Peculiar
(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.

3. (a) PRINT FULL NAME BENJAMIN GRANVILLE BYRNE

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

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Maggie F. Byrne
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased May 22 1869
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
<u>71</u>	<u>7</u>	<u>13</u>	hr. _____ min.

9. Birthplace Greensburg Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Patrick Henry Byrne

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

14. Maiden name Rebecca France

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

16. (a) Informant Mrs. B. G. Byrne

(b) Address Peculiar, Mo.

17. (a) Burial (b) Date thereof Jan 7, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Raymore, Mo.

18. (a) Signature of funeral director E. H. George, Sons

(b) Address Belton, Mo.

19. (a) 1/7/41 (b) Walter T. Babbitt, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5th
year 1941 hour 2 minute 20 a. M.

21. I hereby certify that I attended the deceased from Feb
1938 to Jan 4 1941
that I last saw him alive on Jan 3 1941

and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to Huntington's Chorea 4 yrs
(Paralytic Rigidity)

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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. B. Chaffin (M. D. or other) M.D.
Address Raymore Mo Date signed Jan 6 1941

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

19
80

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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. F. George*

Licensed Embalmer No. 3645

P. O. Address Grandview, 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.