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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2545

Registration District No. 5422 Primary Registration District No. 305 Registrar's No. 3

1. PLACE OF DEATH:

(a) County GASCONADE (CANAAN TOWNSHIP)

(b) City or town OWENSVILLE RURAL ROUTE 3.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 ✓
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 18 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 37

(a) State MISSOURI (b) County GASCONADE

(c) City or town OWENSVILLE "RURAL"
(If outside city or town limits write "RURAL")

(d) Street No. OWENSVLLE ROUTE 3.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 ✓ years.

3. (a) PRINT FULL NAME JANE 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 DAVID BYRD

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased JULY (Month) 31 (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
68	5	29	✓ hr. ✓ min.

9. Birthplace TEXAS COUNTY (City, town, or county) O MISSOURI (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business ✓

FATHER
12. Name WILLIAM POWELL
13. Birthplace ✓ (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name MARY ANN PACK
15. Birthplace ✓ (City, town, or county) ✓ 9 (State or foreign country)

16. (a) Informant Mrs. Martha Byrd
(b) Address Owensville, Mo. Route 3.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof February 1 1941 (Month) (Day) (Year)
(c) Place: burial or cremation LIBERTY CEMETERY NEAR OWENSVILLE

18. (a) Signature of funeral director W. F. Gottenstroeter
(b) Address Owensville, Mo.

19. (a) Jan. 31. 41 (Date received local registrar) (b) Robert M. Murray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 30
year 1941 hour 5 minute 45 A. M.

21. I hereby certify that I attended the deceased from 1-23-41
1-23, 1941, to 1-30-, 1941;
that I last saw her alive on 1-29, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Lobar Pulling Influenza

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

Duration

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Edna Mellies (M. D. or other) D
Address Owensville Mo Date signed 1-31-41

(Licensed Embalmer's Statement on Reverse Side)

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 Milford Winter

Licensed Embalmer No. 3838

P. O. Address Owensville 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.