

No. 2
4-13-40
5-17-39
I X23188

Registration District No. 411 Primary Registration District No. 2002 Registrar's No. _____

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution: 1613 MISSOURI AVE.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 years.
In this community 20 years.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin Mo;
(If outside city or town limits, write "RURAL")
(d) Street No. 1613 Mo. Ave;
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME Mary Elizebeth Byrd
3. (b) If veteran, name war No 3. (c) Social Security No. No

20. DATE OF DEATH: Month Jan., day 16, 1941
year _____ hour 9-15 P.M. minute _____ M.

4. Sex Fem; 5. Color or race W 6. (a) Single, widowed, married, divorced 2 Widow
6. (b) Name of husband or wife Geo. W. Byrd. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Mar 9, 1866.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-16-41, 19____, to 1-16-41, 19____;
that I last saw him alive on 1-16-41, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death acute cardiac failure

8. AGE: Years 74 Months 10 Days 7 If less than one day _____ hr. _____ min.

Due to myocarditis, etc.
Due to Acute Bronchitis

9. Birthplace Stone Co. Mo; (City, town, or county) (State or foreign country)
10. Usual occupation House wife
11. Industry or business Same

Other conditions Bronchitis (Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

MOTHER FATHER { 12. Name Wright
13. Birthplace Tenn. (City, town, or county) (State or foreign country)
14. Maiden name Frances Burchfield
15. Birthplace Mo. (City, town, or county) (State or foreign country)

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) no
(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) (Means of injury)

16. (a) Informant Mary Elizebeth
(b) Address 1613 Mo. Ave - Joplin Mo.
17. (a) Burial (b) Date thereof 1-18-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Spring Valley Cem.
18. (a) Signature of funeral director Harbut Und. Co;
(b) Address Joplin Mo
19. (a) 1-17-41 (b) Ed D. James
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) _____
Address 1613 Missouri Ave Date signed 1-17-41
Joplin Mo

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

49
2
5

41-2-164

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 *Sam E. Sweeney Jr*
Licensed Embalmer No. 4029

P. O. Address *Joplin 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, fact should be so stated above.