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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 18 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3756

Registration District No. 668 Primary Registration District No. 3032 Registrar's No. 18

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bothwell Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL") 1
(d) Street No. 107 E. Jackson
0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mary May Byler
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 James D. Byler
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased May 2 1894 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
46	8	9	hr. min.

9. Birthplace Flora (City, town, or county) Indiana (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Jesse P. Moore
FATHER 13. Birthplace Peru (City, town, or county) Indiana (State or foreign country)
MOTHER 14. Maiden name Effie E. Ridgill
MOTHER 15. Birthplace Lafayette (City, town, or county) Indiana (State or foreign country)
16. (a) Informant James D. Byler
(b) Address Sedalia, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/41 (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill
18. (a) Signature of funeral director Gillespie Funeral Home
(b) Address Sedalia, Missouri
19. (a) Jan - 13 - 41 (Date received local registrar) (b) Mrs. Harry Sneed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11 year 1941 hour 1 minute 45 P. M.
21. I hereby certify that I attended the deceased from Jan 3, 1941, to Jan 11, 1941 that I last saw her alive on Jan 11, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Rt Lobar Pneumonia — Duration: Jan 3rd 1941
Due to: Influenza — Duration: Jan 1st 1941
Due to: — Duration:
Other conditions (Include pregnancy within 3 months of death): Chr Myocarditis
Major findings:
Of operations:
Of autopsy:

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 Jno. B. Carlisle M.D. (M. D. or other)
Address 314 W. Ohio St. Sedalia Mo. Date signed 1-13-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number 2-10-41
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 Geo. Dillard

Licensed Embalmer No. 3868

P. O. Address Bedalia, 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.