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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE FILED MAY 26 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15581

Registration District No. 712 Primary Registration District No. 4427 Registrar's No. 15

1. PLACE OF DEATH:
(a) County Pulaski
(b) City or town Richland
(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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pulaski 85
(c) City or town Richland
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Catherine Isabelle Byrd
3. (b) If veteran, name war 1
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John M. Byrd
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 7/23/1856 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
84	8	11	hr. min.

9. Birthplace Indiana (City, town, or county) (State or foreign country) 1
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Henry Shuey
13. Birthplace Indiana (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Effie Wigner
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Webster
(b) Address Richland, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/41 (Month) (Day) (Year)
(c) Place: burial or cremation Richland
18. (a) Signature of funeral director Fred H. Gilbert
(b) Address Dixon, Mo.
19. (a) April 11, 1941 (Date received by local registrar) (b) Orval A. Oliver (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 4
year 1941 hour 3 minute 15 P M.
21. I hereby certify that I attended the deceased from 4-2- 1941 to 4-4- 1941
that I last saw her alive on 4-4- 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Paralysis (Cerebral)	2 Days
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy None	

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

23. Signature R. C. Crawford (M. D. or other)
Address Richland Date signed 4-8-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 5411632
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

April 4 - 41

Registered Apprentice No.

working under my personal supervision.

Signed Fred D. Gilbert

Licensed Embalmer No. B341

P. O. Address Dixon 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.