

Registration District No. 266

Primary Registration District No. 5370

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Dent
(b) City or town Rural Spring Creek
(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 all his life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Louis Joseph Byrd

3. (b) If veteran, name war ----- 3. (c) Social Security No. -----

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ----- 6. (c) Age of husband or wife if alive ----- years
7. Birth date of deceased May 10 1940
(Month) (Day) (Year)

8. AGE: Years 1 Months 0 Days 17 If less than one day ----- hr. ----- min.

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business -----

12. Name Homer Byrd
13. Birthplace Phelps County Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Dorothea Bunce
15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Homer Byrd
(b) Address Salem, Missouri

17. (a) Burial (b) Date thereof 5/29/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Asher Cemetery

18. (a) Signature of funeral director Chas. W. Spencer
(b) Address Salem, Missouri

19. (a) 5-29-41 (b) F. E. Butler M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent
(c) City or town Rural Spring Creek
(If outside city or town limits, write "RURAL")
(d) Street No. Near Salem, Missouri
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1941 hour 10:30 minute A. M.

21. I hereby certify that I attended the deceased from -----, 19 -----, to -----, 19 -----
that I last saw him alive on 5/27/41
and that death occurred on the date and hour stated above.

Immediate cause of death Broad-based pneumonia
Followed upper respiratory tract infection
Due to -----

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? -----

23. Signature P. E. Butler (Specify type of place) (e) Means of injury -----
Address Salem, Mo. Date signed 5/28/41

RECEIVED

District Health Officer No. 5,

District File Number 6411725

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, ~~only~~.....

....., Registered Apprentice No.

working under my personal supervision.

Signed Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, 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.