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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 12 1941
Registration District No. 411

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2002

Moodie 28587
State File No.

Registrar's No.

1. PLACE OF DEATH:
(a) County JASPER
(b) City or town JOPLIN Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. JOHNS HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 7 DAYS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County NEWTON 073
(c) City or town NEOSHO, Mo. 3
(If outside city or town limits, write "RURAL") 2
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME JIMMIE THOMAS BYRD
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE

4. Sex MALE (1)
5. Color or race White
6. (a) Single, widowed, married, divorced SINGLE (0)
6. (b) Name of husband or wife NONE
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JULY (Month) 22 (Day) 1924 (Year)

8. AGE: Years	Months	Days	If less than one day
17	0	28	hr. min.

9. Birthplace NEOSHO (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation IN SCHOOL
11. Industry or business

MOTHER
12. Name HARVEY BYRD
FATHER
13. Birthplace MANNEY (City, town, or county) LOUISIANA (State or foreign country)

MOTHER
14. Maiden name JIMMIE BURRUS
15. Birthplace BENTON Co. (City, town, or county) ARKANSAS (State or foreign country)

16. (a) Informant Harvey Byrd
(b) Address Neosho Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-22-'41 (Month) (Day) (Year)
(c) Place: burial or cremation Gibson Cemetery
18. (a) Signature of funeral director Corey Thompson
(b) Address Neosho Mo.
19. (a) 8-27-41 (Date received local registrar) (b) Ed E James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 20
year 1941 hour 4 minute 15 A.M.
21. I hereby certify that I attended the deceased from June 16 1941, 19 to August 20 1941; that I last saw him alive on August 20 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Anemia, splenic; Agranulocytosis	
Due to	since June 1, 19 41
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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 [illegible] (M.D. another) D
Address Joplin, Mo. Date signed 8/26/41

(Physician's Statement on Reverse Side)

41-9-774

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 Carley Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.