

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

FILED OCT 10 1941

State File No. _____

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Buchanan,
(b) City or town Saint Joseph, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Saint Joseph's Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 902. (Specify whether years, months or days)
In this community 2 years,

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan
(c) City or town Saint Joseph, (If outside city or town limits, write "RURAL")
(d) Street No. 1123 Douglas Street, (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Adaline A. Byous,

3. (b) If veteran, name war None, 3. (c) Social Security No. None,

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed,

6. (b) Name of husband or wife John G. Byous, 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 11th. 1870. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 3 21 hr. min.

9. Birthplace Wauseon, Ohio, (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home,

12. Name Albin Hughes,

13. Birthplace Unknown, Ohio, (City, town, or county) (State or foreign country)

14. Maiden name Alice Burtch

15. Birthplace Unknown, Ohio, (City, town, or county) (State or foreign country)

16. (a) Informant Brooks B. Byous
(b) Address 1123 Douglas Street

17. (a) Burial, (b) Date thereof 8/4/41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation: Ebenezer Cemetery,

18. (a) Signature of funeral director: James H. Burtch
(b) Address 319 So. 10th. Street,

19. (a) 9-4-1941 (b) H. J. Westbuck (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2nd. year 1941, hour 2:00 minute 15p M.

21. I hereby certify that I attended the deceased from on Sept 4 1941 to _____ 19____; that I last saw _____ 19____ and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Myo Carditis
Aortic Aneurism
Due to Degenerative Cardiovascular
Due dis ease

Duration
1 yr
10 yr

Other conditions (Include pregnancy within 3 months of death)
None

Major findings: 93 J
of operations _____

Of autopsy yes

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? _____

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

23. Signature H. J. Westbuck (M. D. or other) Coroner
Address 104 So 3d Date signed 9/4/41

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

Sept. 2

Registered Apprentice No.

working under my personal supervision.

Signed

W. J. Summerfield

Licensed Embalmer No.

5007

P. O. Address

319 6th St. S. S. P.

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

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