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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED OCT 7 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

31470

Registration District No. 282

Primary Registration District No. 4166

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Campbell "Union"
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 yrs.
years, months or days

3. (a) PRINT FULL NAME Dollie Bell Byrd

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 Harlan Byrd 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Mar. 3 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 3 16 _____ hr. _____ min.

9. Birthplace Genoa 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Edward Pleasant
13. Birthplace uk 9
(City, town, or county) (State or foreign country)
14. Maiden name Jamima Bager
15. Birthplace uk 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma Redman

(b) Address Campbell

17. (a) Burial (b) Date thereof June - 15 - 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director M. E. Boyd Pres.

(b) Address Campbell Mo.

19. (a) 9/24/41 (b) E. H. Landess
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dunklin
(c) City or town Campbell Mo. "Union"
(If outside city or town limits, write "RURAL")
(d) Street No. 35
(If rural, give location) 1
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
year 1919 hour 11 minute 30 a.m.

21. I hereby certify that I attended the deceased from About 14 hrs
prior to death 19 to 19 1919
that I last saw him alive on June 14 19 1919
and that death occurred on the date and hour stated above.
Immediate cause of death Pulmonary Tub. Duration 14 yrs
Calves

Due to _____

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? _____

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

23. Signature W. H. Brown (M. D. Boyd)
Address Waverly, Mo. Date signed 9/24/41

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 7 1941

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.....

Licensed Embalmer No.....

P. O. Address.....

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.