

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 26 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31849

Registration District No. 421

Primary Registration District No. 4249

Registrar's No. 58

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Festus Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Life
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Hart Gabriel Byrd

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

4. Sex M. 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive 6 years
7. Birth date of deceased Dec. 6 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 8 7 hr. min.

9. Birthplace Hernatite Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist Helper

11. Industry or business Construction work

12. Name Gabriel Byrd

13. Birthplace Plattina Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Maudora Russell

15. Birthplace Plattina Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant R. E. Byrd

(b) Address Festus Mo.

17. (a) Burial (b) Date thereof 8-14-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Festus Methodist Center

18. (a) Signature of funeral director Wheeler-Vinnyard

(b) Address Festus Mo.

19. (a) Aug 16 41 (b) J. E. Rutledge
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13 year 1941 hour 2 minute 30 M.

21. I hereby certify that I attended the deceased from Jul 27 to Aug 13, 1941, that I last saw him alive on Aug 13, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis Duration _____

Due to _____
Due to _____

Other conditions Diabetes mellitus
(Include pregnancy within 3 months of death)

Major findings: Of operations 61

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 6

Signature Bertalan Balgar (M. D. or other)

Address Festus Mo. Date signed 8/14/41

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

H. L. Vinjard

Licensed Embalmer No. *3010*

P. O. Address.....

Farmington

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.