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DEPARTMENT OF HEALTH
FILLED OCT 14 1941

State File No. _____

Registration District No. 773

Primary Registration District No. 4464

Registrar's No. 136

1. PLACE OF DEATH: St. Francis.
 (a) County FARMINGTON
 (b) City or town St. Francis
 (c) Name of hospital or institution: #215 West Liberty.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
 In this community Her life spent here.
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Francis
 (c) City or town Farmington 094
 (If outside city or town limits, write "RURAL")
 (d) Street No. 215th Liberty
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME M. TILDA DIDALE BYINGTON.

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased 4 19 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>5</u>	<u>8</u>	hr. _____ min. _____

9. Birthplace St. Francis Co. Mo. U
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper.

11. Industry or business _____

12. Name EPHRAIM BYINGTON

13. Birthplace Missouri. U
(City, town, or county) (State or foreign country)

14. Maiden name Tennessee Richardson

15. Birthplace Tennessee I
(City, town, or county) (State or foreign country)

16. (a) Informant Foster Byington
(b) Address FARMINGTON MO.

17. (a) Burial (b) Date thereof Sept 29-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cem. Farmington

18. (a) Signature of funeral director Chas. Richardson.
(b) Address Farmington MO.

19. (a) Sept 29 41 (b) B. J. Robinson
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 9 day 27
 year 1941 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from 9-27 1941 to 9-27 1941;
that I last saw her alive on 9-27 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
(Apoplexy)

Due to She lived 20 min after
Due to I got in the house

Other conditions _____
(Include pregnancy within 5 months of death)

Major findings: 430
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? _____

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

23. Signature Capleberry (M. D. or other) _____
Address Farmington Date signed 9-27-41

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

4
4
1

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 Chas Richardson

Licensed Embalmer No. 3167

P. O. Address Hamington 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.