

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **35407**

FILLED NOV 18 1941

Registration District No. **588**

Primary Registration District No. **4303**

Registrar's No. **17**

1. PLACE OF DEATH:

(a) County **Linn County**  
(b) City or town **Laclede, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community **48 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Carolyn 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 **Husband Arthur S. Byrd** 6. (c) Age of husband or wife if alive **91** years  
7. Birth date of deceased **July 3 1868**  
(Month) (Day) (Year)

8. AGE: Years **73** Months **3** Days **5** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Browning, Schyler Co. Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **John Reno**  
13. Birthplace **Schyler Co, Illinois**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Sarah Bates**  
15. Birthplace **Schyler Co, Illinois**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Allene Byrd**  
(b) Address **321 Ward Parkway, K.C. Mo.**  
17. (a) **Burial** (b) Date thereof **10-10-1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Laclede, Mo.**

18. (a) Signature of funeral director **M. S. L. No. 2876**  
(b) Address **Laclede, Mo.**

19. (a) **Oct. 10, 1941** (b) **Mrs. Vivian Rowland**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Linn**  
(c) City or town **Laclede**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **8** year **1941** hour **12** minute **45 PM**

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary embolism** Duration \_\_\_\_\_

Due to **Death occurred immediately and was called but patient was dead before I arrived**  
Due to **she had been treated for heart**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations **94a**  
Of autopsy \_\_\_\_\_  
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 **M. S. L. No. 2876** (M. D. or other) **D. A.**  
Address **Laclede, Mo.** Date signed **10/10/41**

4-5 (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 Me

W.G. Thorne, Registered Apprentice No. 2876  
working under my personal supervision.

Signed

*W.G. Thorne*

Licensed Embalmer No. 2876

P. O. Address Laclede, Mo. Linn Co.

**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.**