

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **38239**
Registrar's No. **36**

Registration District No. **10248**

Primary Registration District No. **4172**

1. PLACE OF DEATH:

(a) County **Dunklin**
(b) City or town **Kennett**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **none 103 Whitney Ave**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **none** (Specify whether
In this community **life time** years, months or days)

3. (a) PRINT FULL NAME **Jenny Wain 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 **D**
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased **September 30 1941**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 9 11 hr. 55 min.

9. Birthplace **Kennett** **no D**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business

MOTHER FATHER { 12. Name **Roy Byrd**
13. Birthplace **unknown** **Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Maudie Miller**
15. Birthplace **Holcomb** **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Walter Miller**

(b) Address **103 Whitney St. Kennett**

17. (a) **Burial** (b) Date thereof **Nov. 9 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hazel Cemetery**

18. (a) Signature of funeral director **Paul Salmon**

(b) Address **304 Carey - Kennett Mo**

19. (a) **11-8-41** (b) **Julia Blanship**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Dunklin**
(c) City or town **Kennett, Mo**
(If outside city or town limits, write "RURAL")
(d) Street No. **103 Whitney** (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **8**
year **1941** hour **11** minute **55** **A.M.**

21. I hereby certify that I attended the deceased from **unattended by a physician**
that I last saw him alive on **19**
and that death occurred on the date and hour stated above.

Immediate cause of death **Iller colitis** Duration **5 days**

Due to **Bottle Feeding** **1**

Due to **Bronchitis** **7 days**

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 **George Beckman DO** (M. D. or other)
Address **Coroner of Dunklin Co. Mo** Date signed **11/8/41**

RECEIVED

District Health Office No. 2

District File Number 1241-1646

Date Filed 12/9/41

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.....

Body was not embalmed....., 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 the above constitutes grounds for revocation of license.)

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