

FILED FEB. 11 1942

Registration District No. **477**

Primary Registration District No. **42413021**

Registrar's No. **2**

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

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Wett City
 (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.....
 (Specify whether
 In this community.....
 years, months or days)

3. (a) PRINT FULL NAME Rebecca Byrnes

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

4. Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife Widowed 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased April 5 1851
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 9 4 hr. min.

9. Birthplace Wichita, Kan. (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name Iseral Byrnes

13. Birthplace Wichita, Kan. (City, town, or county) (State or foreign country)

14. Maiden name Lubinda Cannon

15. Birthplace Wichita, Kan. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. J. Shabelka

(b) Address Cartersville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 12 1942
 (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cem

18. (a) Signature of funeral director Wett City, Mo.

(b) Address Wett City, Mo.

19. (a) Jan 12 1942 (Date received local registrar) (b) J. W. Clark (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Cartersville
 (If outside city or town limits, write "RURAL")
 (d) Street No. 109 S. Pine St
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9
 year 1942 hour 7:30 minute 0 M.

21. I hereby certify that I attended the deceased from Dec 8
 1942 to Dec 9 1942

that I last saw him alive on Dec 9 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Heart attack Duration

Due to.....

Due to.....

Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings:
 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?
 (Specify type of place)

While at work?..... (a) Means of injury.....

23. Signature J. W. Clark (M. D. or other) 1942
 Address Cartersville, Missouri Date signed Jan 12

PHYSICIAN

Underline the cause to which death should be charged statistically.

42-1-7

15-4
15-7

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 *A. K. Mills*

Licensed Embalmer No. *247*

P. O. Address *West City, 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.

STANDARD CERTIFICATE OF DEATH

State File No. 2502

Registration District No. 417

Primary Registration District No. 3021

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Webb City
(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.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Rebecca Byrne

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.....

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

7. Birth date of deceased Apr 5
(Month) (Day) (Year)

8. AGE: Years 96 Months 4 Days 1 If less than one day..... min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant..... (b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town..... (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 Jan day 19 year 1942 hour..... minute..... M.

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

Immediate cause of death..... Duration.....

Heart Attack

Due to Chronic Myocarditis

Other conditions..... (Include pregnancy within 3 months of death)

Major findings: Of operations..... 93d

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)
(b) 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..... (M. D. or other).....
Address..... Date signed.....

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

SUPPLEMENTARY

MOTHER FATHER

411

