DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2744

Registration District No. FILED FEB 14 1942

Primary Registration District No. 4305

Registrar's No. 1

1. PLACE OF DEATH:

(a) County: Linn

(b) City or town: Marceline (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: B.B. Putman Memorial Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5½ Days (Specify whether years, months or days)

In this community 28 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Linn

(c) City or town: Marceline, Mo (If outside city or town limits, write "RURAL")

(d) Street No.: East Crocker (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: DOROTHY JEAN BYRD

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Frank Byrd

6. (c) Age of husband or wife if alive: 34 years

7. Birth date of deceased: September (Month) 24 (Day) 1913 (Year)

8. AGE:

Years	Months	Days	If less than one day
28	3	11	hr. ____ min.

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

10. Usual occupation: housewife

11. Industry or business:

FATHER

12. Name: Pete Realini

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

MOTHER

14. Maiden name: Margaret Santus

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

16. (a) Informant's own signature: Mary Santus

(b) Address: Marceline, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) Jan. (Day) 8 (Year) 1942

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

18. (a) Signature of funeral director: James McLaughlin

(b) Address: Marceline, Missouri

19. (a) 1-8-42 (Date received local registrar) (b) Alice L Barrett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5 year 1942 hour 11 minute 45A M.

21. I hereby certify that I attended the deceased from Dec 27, 1941 to Jan 5, 1942 that I last saw her alive on Jan 5, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Embolism following operation for abdominal pregnancy	15 hrs
Due to	
Due to 14512	
Other conditions (Include pregnancy within 3 months of death) abdominal pregnancy	
Major findings Of operations: fetus lying free in abdomen, placenta attached to post. pelvic wall, right broad ligament and post. cul-de-sac	
Of autopsy: none	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: G B Putman (M. D. or other) MD

Address: Marceline Date signed 1/9/42

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-5-17-39 Rev. 5-17-39 1 X19811

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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 Blanche McLaughlin

Licensed Embalmer No. 1909

P. O. Address Marceline, 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, above space should be left blank.