

FILED JAN 30 1942

Registration District No. 082

Primary Registration District No. 4406

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Ashburn 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 _____ (Specify whether)

In this community 3 mo.
years, months or days

3. (a) PRINT FULL NAME Rosa Mae Byers

3. (b) If veteran, name war

3. (c) Social Security No. No

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Arthur Byers

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

7. Birth date of deceased Aug. 18, 1875
(Month) (Day) (Year)

8. AGE: Years 66 Months 4 Days 19 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name John H. Robinson

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

14. Maiden name Emma Catson

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

16. (a) Informant Arthur Byers

(b) Address Ashburn, Mo.

17. (a) Columbian Cem. (b) Date thereof 1-10-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbian Cem.

18. (a) Signature of funeral director R. O. Miller

(b) Address Columbian Mo.

19. (a) 1/7-42 (b) J. P. Hally
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pike

(c) City or town Ashburn
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 7
year 1942 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan. 4 1942 to Jan. 7 1942
that I last saw her alive on Jan. 6 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Heart Failure Duration 2 days

Due to Bronchietasis 4 hours

Due to _____

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

Major findings: Of operations 106 R

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) (Means of injury)

23. Signature Charles P. Jewell (M. D. or other) _____

Address Louisiana, Mo. Date signed 1/7/42

FEB 10 1942

RECEIVED

District Health Officer No. 10

District File Number 142-96

Date Filed JAN 15 1942

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

Lyman Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbus, 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.