

FILED APR 24 1942

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

10026

Do not use this space.

## 1. PLACE OF DEATH

(a) County Atchison Registration District No. 19  
(b) Township Benton Primary Registration District No. 5024 Registered No. 9  
(c) City Rock Port Mo. (d) Street No. \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

Isabelle Mc Michael Byers 003  
(a) Residence, No. \_\_\_\_\_ St. 13 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clinton Byers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March - 17 - 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
85 11 23

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home Wife  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atchison 013. NAME Robert Mc Michael14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass Boston 815. MAIDEN NAME Christiana Mc Kay16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass Boston 817. INFORMANT (ADDRESS) Earl W. Darnell  
Rock Port Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Hunter DATE March 13 194219. FUNERAL DIRECTOR (NAME) (ADDRESS) J. B. Bertram  
Rock Port Mo.20. FILED Mar 12 1942 Bette James Archer (Address) Rock Port Mo  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 10 1942

I HEREBY CERTIFY That I attended deceased from Jan 15 - 1941, 1941, to Mar 10, 1942

I last saw her alive on Mar 19, 1941. Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial  
neuropathic  
arterio sclerosis  
+ myocarditis  
cerebral hemorrhage  
Other contributory causes of importance: \_\_\_\_\_  
Date of onset 1940

Name of operation 131a Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify Chas. J. Settle M. D.  
(Signed) \_\_\_\_\_ (Address) Rock Port Mo

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 Ref Me  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed J. B. Bertram  
Licensed Embalmer No. 6024  
P. O. Address Rock Port 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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 10024

Registration District No. 19

Primary Registration District No. 5024

Registrar's No. ....

1. PLACE OF DEATH

(a) County Atchison  
(b) City or town Rock Port  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County  
(c) City or town Rock Port (Rural)  
(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

3. (a) PRINT FULL NAME

Isabelle m. Byers

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 W

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

7. Birth date of deceased Mar 17 1942  
(Month) (Day) (Year)

8. AGE: Years 85 Months 11 Days 13 (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 of burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) Mar 12, 1942 (Date received local registrar) (b) Betty Jayne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar year 1942 hour minute M.

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

Duration

Due to

Due to

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? (c) 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

