

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

FILED APR 7 1942

State File No. _____

Registration District No. 27

Primary Registration District No. 5343

Registrar's No. 8

1. PLACE OF DEATH:
 (a) County Dallas
 (b) City or town Rural Wilson Twp
 (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 Mo (b) County Dallas 30
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Long Lane Mo.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Thomas G. Byrd
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 3 day 3
 year 1942 hour 8 minute 10 P. M.
 21. I hereby certify that I attended the deceased from 3-2 1942, to 3-3 1942,
 that I last saw him alive on 3-3 1942
 and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W
 6. (a) Single, widowed, married, divorced W
 6. (b) Name of husband or wife Maragret Belle
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased APRIL 18 1866
 (Month) (Day) (Year)

Immediate cause of death _____
Coronary occlusion
 Due to arterial sclerosis
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death) gta

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>10</u>	<u>15</u>	_____ hr. _____ min.

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

9. Birthplace Colo Co. Mo
 (City, town, or county) (State or foreign country)
 10. Usual occupation Farmer

MOTHER FATHER
 11. Industry or business _____
 12. Name Warren Burd
 13. Birthplace Arkmore
 (City, town, or county) (State or foreign country)
 14. Maiden name Arkmore
 15. Birthplace _____
 (City, town, or county) (State or foreign country)

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 J. H. Kinday (M. D. or other) MD
 Address Conway Date signed 2-12-42

16. (a) Informant Lloyd Rose
 (b) Address Long Lane Mo
 17. (a) Byrd (b) Date thereof 3-5-42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Pisgah Cem.
 18. (a) Signature of funeral director L. B. Jones
 (b) Address Buffalo Mo
 19. (a) 3-16-42 (b) Mrs Arthur Howe
 (Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 7,

District File Number 4-42-273

Date Filed 4-3-42

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 Lyle Montgomery
Licensed Embalmer No. 3592
P. O. Address Buffalo, 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.