

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 16 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 116

Registration District No. 245

Primary Registration District No. 3047

1. PLACE OF DEATH:

(a) County NEWTON
(b) City or town NEOSHO
(c) Name of hospital or institution H.C.S. DEPOT 3
(If outside city or town limits, write "RURAL" and name of township)
(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 NEWTON
(c) City or town NEOSHO
(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 HARVEY LEEANDER BYRD

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife JIMMIE BURRIS BYRD 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased AUGUST 13 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 1 7 _____ hr. _____ min.

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

10. Usual occupation RESTURANT OPERATOR

11. Industry or business

12. Name ASBURY BYRD
13. Birthplace NO RECORD (State or foreign country)
14. Maiden name NO RECORD
15. Birthplace NO RECORD (State or foreign country)

16. (a) Informant Mrs. Jimmie Byrd
(b) Address Neosho Mo.
17. (a) Burial (b) Date thereof 9-23-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Epston Cemetery
18. (a) Signature of funeral director Carley Thompson
(b) Address Neosho Mo
19. (a) 9-20-1942 (b) Carley Thompson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month SEPT. day 20
year 1942 hour 1:45 minute a. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Died Suddenly Duration
Coronary Occlusion

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

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature L. Reynolds (M. D. or other)
Address Neosho Mo Date signed 9-20

1110

(Licensed Embalmer's Statement on Reverse Side)

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

84407

RECEIVED

District Health Officer No. 6,

District File Number 1042-1490

Date Filed OCT 14 1942

FEB 14 1943

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.....

Carey Thompson

Licensed Embalmer No. 3259

P. O. Address Nesho 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.