

FILED DEC 13 1942

State File No.

Registration District No. 38

Primary Registration District No. 5105

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Benton Rural
(b) City or town Climax Spgs. Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Union Twp
(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)

3. (a) PRINT FULL NAME

Martha E Byrd

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex fm

5. Color or race white

6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife Pleasanton

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

7. Birth date of deceased

Nov 28, 1860
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

81

-

5

hr. min.

9. Birthplace

(City, town, or county)

Mo
(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

Solomon Mitchell

13. Birthplace

(City, town, or county)

Mo
(State or foreign country)

14. Maiden name

Polly Thomas

15. Birthplace

(City, town, or county)

Ky
(State or foreign country)

16. (a) Informant

Chas. Byrd

(b) Address

Climax Springs Mo

17. (a)

Burial
(Burial, cremation, or removal)

(b) Date thereof

11/5/42
(Month) (Day) (Year)

(c) Place: burial or cremation

Bethel Camp Cem

18. (a) Signature of funeral director

Wheeler

(b) Address

Wheeler

19. (a)

11/11
(Date received local registrar)

(b)

Gas A. Logan
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Benton
(c) City or town Climax Springs, 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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 3
year 1942 hour 4 minute 00 M.

21. I hereby certify that I attended the deceased from February 22 1942 to October 17 1942
that I last saw him alive on October 17th 1942
and that death occurred on the date and hour stated above

Immediate cause of death Chronic Interstitial Nephritis - Senile Debility
Duration 10 yrs.

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?

(Specify type of place)
While at work (e) Means of injury

23. Signature Robert L. Horton (M. D. or other) D.O.
Address Climax Springs Date signed 11/11/42

(Licensed Embalmer's Statement on Reverse Side)

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

63

APR 21 1942

RECEIVED

District Health Officer No. 7,

District File Number 12-42-1296

Date Filed 12-8-42

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 _____

Licensed Embalmer No. 20982

P. O. Address Wheatland W. Va.

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.