S. No. 2
11-10-39
5-17-39
X21492

108
2

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1942

Registration District No. 360

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38339

Primary Registration District No. 3076

Registrar's No. 173

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Nevada General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks (Specify whether)
In this community 3 months 17 days (years, months or days)

2. USUAL RESIDENCE OF DECEASED: 108

(a) State Missouri (b) County Vernon

(c) City or town Camp Clark, Nevada
(If outside city or town limits, write "RURAL.")

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

(e) If foreign born, how long in U. S. A.? — 0 years.

3. (a) PRINT FULL NAME Clem Sullivan Byrd 54077116

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased April (Month) 14 (Day) 1917 (Year)

8. AGE: Years 25 | Months 7 | Days 9 | If less than one day — hr. — min.

9. Birthplace Hamburg (City, town, or county) Ark. (State or foreign country) 1

10. Usual occupation Soldier

11. Industry or business United States Army

FATHER
12. Name W. L. Byrd
13. Birthplace Hamburg (City, town, or county) Ark (State or foreign country) 1

MOTHER
14. Maiden name Unknown
15. Birthplace — (City, town, or county) 9 (State or foreign country)

16. (a) Informant Records

(b) Address —

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 23 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Bastrop, La.

18. (a) Signature of funeral director Haja Funeral Service

(b) Address Nevada, Mo.

19. (a) Nov. 23, 1942 (Date received local registrar) (b) Elizabeth Breckenridge (Registrar's signature)

1231 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22nd year 1942 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov. 1st, 1942, to Nov 22, 1942, that I last saw him alive on Nov. 22, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Toxemia	
Due to Internal hemorrhage	1
Due to Ruptured Liver	8
Other conditions Fracture of Pelvis (Include pregnancy within 3 months of death)	NOC
Major findings: Of operations Ruptured liver	PHYSICIAN
Of autopsy Ruptured liver	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) accident 108

(b) Date of occurrence Nov 1 - 1942

(c) Where did injury occur? Vernon, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway (Specify type of place)

While at work? no (e) Means of injury Auto accident

23. Signature Lewis J. Moseley M.D. (M. D. or other)

Address Camp Clark, Nevada Mo. Date signed 11-23-42

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

RECEIVED
District Health Officer No. 7,
District File Number 12-42-1331
Date Filed 12-10-42.

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 H. H. Marmaduke

Licensed Embalmer No. 2070

P. O. Address Imuada, Ino.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.