V. S. No. 2
30M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 21 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1784

Registration District No. 30 Primary Registration District No. 5174 Registrar's No. 1

1. PLACE OF DEATH:
(a) County CAMDEN
(b) City or town RURAL ROACH MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NEITHER 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 60 DAYS

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County ~~LACLEDE~~ CAMDEN 15
(c) City or town ROACH
(If outside city or town limits, write "RURAL")
(d) Street No. 00
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME WILLIAM FRANKLIN BYLER
3. (b) If veteran, name war World War
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced 3 Divorced
6. (b) Name of husband or wife MARY BELL WILLIAMS
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased MAR (Month) 7 (Day) 1874 (Year)

8. AGE: Years 68 Months 9 Days 24 If less than one day ... hr. ... min.

9. Birthplace COOPER Co (City, town, or county) MO 0 (State or foreign country)
10. Usual occupation DOCTOR
11. Industry or business

MOTHER FATHER
12. Name THOS. D. BYLER
13. Birthplace COOPER Co (City, town, or county) MO 0 (State or foreign country)
14. Maiden name SARAH GRANT
15. Birthplace TENN (City, town, or county) (State or foreign country)

16. (a) Informant Marion Byler
(b) Address ROACH MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-24-43 (Month) (Day) (Year)
(c) Place: burial or cremation ROACH MO
18. (a) Signature of funeral director PALMER'S
(b) Address LEBANON MO
19. (a) Jan 26 1943 (Date received local registrar) (b) [illegible] Hopkins (Registrar's signature)

1000

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 1
year 1943 hour 6 minute 45 P.M.
21. I hereby certify that I attended the deceased from Nov 1-42 June 1 19 42 to June 1 19 42 that I last saw h... alive on Nov 81 19 42 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hemorrhoids Endo Thelial Sarcoma of Spleen	2 yrs.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations Hemorrhoidal - Endothelial Sarcoma of Spleen
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) (e) Means of injury 0

23. Signature E. E. Bailey M.D. (M. D. or other)
Address Camdenton Mo Date signed 1-2-43

(Licensed Embalmer's Statement on Reverse Side)

JAN 21 1943

FEB 17 1943

RECEIVED
District Health Officer No. 7,
District File Number 12-42-1514
Date Filed 1-19-43

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 Allyn Detherage

Licensed Embalmer No. 4333

P. O. Address Lebanon 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.