No. 2
9-4-41
5-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 15 1943

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3044

State File No. 2839

Registrar's No. One

6
1
1

1. PLACE OF DEATH:
(a) County: Miller
(b) City or town: Eldon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(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: 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Miller
(c) City or town: Eldon
(If outside city or town limits, write "RURAL")
(d) Street No.: 413 W. North
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No): No
If yes, name country: —

3. (a) PRINT FULL NAME: Mary E. Byrd
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: John Wilson Byrd
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: April (Month) 15 (Day) 1862 (Year)

8. AGE: Years	Months	Days	If less than one day
80	8	17	— hr. — min.

9. Birthplace: Moniteau Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Home
12. Name (Father): Johnson Elliott
13. Birthplace (Father): unknown (City, town, or county) unknown (State or foreign country)
14. Maiden name (Mother): unknown
15. Birthplace (Mother): unknown (City, town, or county) unknown (State or foreign country)
16. (a) Informant: Edgar Byrd
(b) Address: Eldon Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-4-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Dooley Cem
18. (a) Signature of funeral director: Kurt Mayer
(b) Address: Eldon Mo
19. (a) Jan 4-43 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: JAN day: 2 year: 1943 hour: 9 minute: 30 P.M.
21. I hereby certify that I attended the deceased from: 10-4 1932 6-1, 19__ to January 2, 1943 that I last saw h. alive on January 1st, 1943 and that death occurred on the date and hour stated above.
Immediate cause of death: Pneumonia 3 days (Duration)
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: A. F. Berkemeyer (M. D. or other) MD
Address: Eldon Mo Date signed: 1-4-43

1114

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miller County Health Dep't.
County File Number 43-2
Date Filed 2/6/43

FEB 17 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 Keith M. Kays

Licensed Embalmer No. 3998

P. O. Address Eldon Mo

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

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2839

Registration District No. 212 Primary Registration District No. 3044 Registrar's No. 1

1. PLACE OF DEATH:
(a) County: Miller
(b) City or town: Eldon
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (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: Mary E Byrd
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: April (Month) 15 (Day) 1862 (Year)
8. AGE: Years 80 Months 8 Days If less than one day hr. min.
9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January Day
year 1943 hour 6 minute M.
21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw him alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia	3 day
Lobar	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

108

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 A F Burkhead (M. D. or other) DO
Address Eldon Mo Date signed 3-22-43

SUPPLEMENTARY