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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. 7175

FILED MAR 10 1943

Registration District No. 2268

Primary Registration District No. H 396

Registrar's No.

1. PLACE OF DEATH:
(a) County Pemiscot County
(b) City or town Wardell, Mo.
(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
In this community (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pemiscot
(c) City or town Wardell
(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 Nancy Anne Byrd
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 5 (Day) 1854 (Year)

8. AGE: Years 88 Months 6 Days 9 If less than one day hr. min.

9. Birthplace Arkansas (City, town, or county) / (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name John Harper ?
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Don't Know
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant X Jno Byrd
(b) Address Wardell Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Stanfield Cem

18. (a) Signature of funeral director Paul B Muntemeyer
(b) Address Gideon Missouri

19. (a) 3-1-43 (Date received local registrar) (b) J L Creasy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from Jan 1 1943 to Jan 12 1943
that I last saw her alive on Jan 11 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Senile Pneumonia	
Due to Bed Sores	
Due to	
Other conditions (Include pregnancy within 3 months of death) old age	

Major findings:
Of operations None
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? Means of injury

23. Signature J B Evans (M. D. or other)
Address Gideon Mo Date signed 3-14-43

5 90

(Licensed Embalmer's Statement on Reverse Side)

~~1-2-43~~

2-12-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.