

Registration District No. 886367

Primary Registration District No. 6786246

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

1. PLACE OF DEATH:

(a) County WASHINGTON

(b) City or town RURAL Concord

(c) Name of hospital or institution: Imp

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether)

In this community one day 10 hrs years, months or days

2. USUAL RESIDENCE OF DECEASED: 110

(a) State MO (b) County WASHINGTON

(c) City or town NEAR IRONDALE RURAL (If outside city or town limits, write "RURAL.")

(d) Street No. NEAR IRONDALE (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME JOSEPH DAVID BYERS

3. (b) If veteran, name war no

3. (c) Social Security No. none

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 Feb 20 1943 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

10 hr. min.

9. Birthplace WASHINGTON MO (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name JOSEPH C. BYERS

13. Birthplace IRONDALE MO (City, town, or county) (State or foreign country)

14. Maiden name BETTY JUNE PROVINCE

15. Birthplace IRONDALE MO (City, town, or county) (State or foreign country)

16. (a) Informant BETTY JUNE BYERS

(b) Address Irondale MO

17. (a) Burial (b) Date thereof 2/23/43 (Month) (Day) (Year)

(c) Place: burial or cremation FRANK CLAY

18. (a) Signature of funeral director J. S. Boyerison

(b) Address Leadwood MO

19. (a) Feb 25-1943 (b) Mrs J. P. Yeargan (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21 year 1943 hour 8 minute 0 P.M.

21. I hereby certify that I attended the deceased from 2-21, 1943, to 2-21, 1943; that I last saw him alive on 2-21, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Parasitosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 156

Of operations

Of autopsy

Duration

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

23. Signature J. P. Yeargan (M. D. or other)

Address Irondale MO Date signed 2-21-43

RECEIVED

District Health Officer No. 4
District File Number 343-1921
Date Filed 3-9-43

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 Bert L. Boyer

Licensed Embalmer No. 3445

P. O. Address Leadwood 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.