S. No. 2
M—5-42

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 28 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20835

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 615

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

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 Day (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.: Mertland Apt. 7
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: ROSE A. BYERS
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: Female
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife: G. L. Byers
6. (c) Age of husband or wife if alive: --- years
7. Birth date of deceased: June (Month) 15 (Day) 1869 (Year)
8. AGE: Years 73 Months 11 Days 16 If less than one day ___ hr. ___ min.
9. Birthplace: St. Joseph (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: Edmond Michau
13. Birthplace: Canada (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Lenora LaCroix
15. Birthplace: Canada (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Thos P. Doyle
(b) Address: St. Joseph, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 2, 43 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Olivet Cemetery
18. (a) Signature of funeral director: Herman W. Siderfadn
(b) Address: 1802 Union, St. Joseph, Mo.
19. (a) 6-2-43 (Date received local registrar) (b) Roe Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 31 Day 31 - May/43 Year 1943 hour 10 minute 10 A. M.
21. I hereby certify that I attended the deceased from May 30/43, 19..., that I last saw him alive on May 31/43, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Sclerosis — Duration
Mitral insufficiency
Due to: 92 P
Due to:
Other conditions: Pernicious Anaemia
(Include pregnancy within 3 months of death)
Major findings: ✓
Of operations:
Of autopsy: aortic Stenosis
Mitral insufficiency

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: (M. D. or other)
Address: 825 Charles St. St Joseph, Mo. Date signed 6/1/43

12 53

(Licensed Embalmer's Statement on Reverse Side)

Thorpe

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.

JUN 30

Signed John H. Hurley

Licensed Embalmer No. 4050

P. O. Address St Joseph 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.