

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31821

State File No.

Registrar's No.

FILED OCT 13 1943

Registration District No. 2001

Primary Registration District No. 2001

545

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community years, months or days)

3. (a) PRINT
FULL NAME

Charles Bluford Byrd

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex male 5. Color or race White
6. (b) Name of husband or wife

6. (a) Single, widowed, married, divorced Single
6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 20 1932
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
11 2 3 hr. min.

9. Birthplace Granby Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Bluford Byrd
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Alberta Shipman
15. Birthplace Granby Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Shipman

(b) Address Granby, Missouri

17. (a) Burial (b) Date thereof 9-27-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 2007 Pine Newtonia Mo

18. (a) Signature of funeral director Culver Funeral Home

(b) Address Cassville, Mo

19. (a) 9-24-43 (b) Gutierrez
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton
(c) City or town Granby 073
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 23
year 1943 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from 9/16 1943 to 9-23 1943
that I last saw him alive on 9-23 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Endocarditis Rheumatic

Due to Rheumatic Fever

Due to Staphylococcus aureus

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 54 f

Of autopsy

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) Means of injury

23. Signature John M. Smith (M. D. or other) med

Address John M. Smith Date signed 9/28

(Licensed Embalmer's Statement on Reverse Side)

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

9
52

43-9-828

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..... *J. E. Culver*.....

Licensed Embalmer No. *3584*

P. O. Address. *Cassville, 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.