

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

38883
Do not use this space.

FILED DEC 7 1943

1. PLACE OF DEATH

(a) County Shelby Registration District No. 275
 (b) Township _____ Primary Registration District No. 3053 Registered No. 102
 (c) City Reel (d) Street No. W. M. Farland Hospital St. 12
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 710 E. 11th St. (If nonresident, give city or town and State)
 (Usual place of abode if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John L. Byrum
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 23 1867
 7. AGE YEARS 76 MONTHS 7 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Mo

FATHER 13. NAME Wm. Burton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Lolara Junke

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) John C. Byrum
710 E 11

18. BURIAL, CREMATION, OR REMOVAL PLACE Burton DATE Oct 25 43

19. FUNERAL DIRECTOR (ADDRESS) Miss Edna Sumner
508 W. 8th St

20. FILED Nov 9, 1943 Kella Wacker Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 22 1943

22. I HEREBY CERTIFY, That I attended deceased from October 21 1943 to October 22 1943
 I last saw her or alive on October 22 1943. Death is said

to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Apoplexy

Other contributory causes of importance: 830

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) Adrian M. Farland, M. D.
 (Address) 708 E 11th

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, S. B. V. Jones, Licensed Embalmer No. 3394

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed S. B. V. Jones
Licensed Embalmer No. 3394

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.)