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X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 18 1943

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. F 39402

Registration District No. 371 Primary Registration District No. 6260 Registrar's No. 28

1. PLACE OF DEATH:
(a) County Webster
(b) City or town Rural East Dallas Tw
(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 (Specify whether
In this community
Years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Webster 112
(c) City or town Rural East Dallas
(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 Emaline E. 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) 12 (Day) 1867 (Year)

8. AGE: Years 76 Months 2 Days 16 If less than one day hr. min.

9. Birthplace Seymour (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife.
11. Industry or business
FATHER
12. Name Ferdiand Kanel
13. Birthplace (City, town, or county) Switzerland (State or foreign country)
MOTHER
14. Maiden name Martha Eslinger
15. Birthplace (City, town, or county) Iowa (State or foreign country)
16. (a) Informant Clyde Byrd.
(b) Address Fordland Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 29-43 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasent Hill Cem
18. (a) Signature of funeral director Kelley-Ferrell
(b) Address Fordland Mo.
19. (a) Oct 13-43 (Date received local registrar) (b) Susie O Bench (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27 year 1943 hour 6 minute A M.
21. I hereby certify that I attended the deceased from Coroner Cook, 19, to, 19; that I last saw h alive on, 19; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Apoplexy | |
| Due to Hypertension | |
| Due to Arteriosclerosis | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations 83a | |
| 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? (e) Means of injury
23. Signature E. G. Bean M.D. Coroner (M. D. or other)
Address Seymour Mo Date signed

1041

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number 1143-1218
Date Filed NOV 10 1943

## 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 K. H. Kelley

Licensed Embalmer No. 3334

P. O. Address Seymour, Ma

**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.**