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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 10 1944

Registration District No. 7

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3015

State File No. [illegible]

Registrar's No. 72

1. PLACE OF DEATH:

(a) County Clinton

(b) City or town Cameron
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 511 West 3rd. St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NO. (Specify whether

In this community 60 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 25

(a) State Missouri (b) County Clinton

(c) City or town Cameron
(If outside city or town limits, write "RURAL")

(d) Street No. 511 West 3rd. St.
(If rural, give location)

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

If yes, name country /

3. (a) PRINT FULL NAME Ellen Christine Byers.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife E. N. Byers

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug (Month) 2nd. (Day) 1859. (Year)

8. AGE:

Years	Months	Days	If less than one day
84	3	29	hr. min.

9. Birthplace Festa (City, town, or county) Denmark 4 (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name No record
13. Birthplace (City, town, or county) Denmark 4 (State or foreign country)

MOTHER
14. Maiden name Christine Jewell
15. Birthplace (City, town, or county) Denmark 4 (State or foreign country)

16. (a) Informant Mrs. Ed Byers

(b) Address Cameron Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-3, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation McDaniel Cemetery

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

(b) Address Cameron

19. (a) Dec. 3 1943 (Date received local registrar) (b) Mrs. Kathleen Harris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1st. year 1943 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov 30, 1943, to Dec 1, 1943 that I last saw her alive on Dec 1, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia

Due to Influenza

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address Cameron Mo Date signed 12/3/43

(Licensed Embalmer's Statement on Reverse Side)

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. Gerald I. Wade

Licensed Embalmer No. 4172

P. O. Address. Cameron 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.