No. 2
-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3588

Registration District No. 292 Primary Registration District No. 5780 Registrar's No. 7

1. PLACE OF DEATH:

(a) County Miller

(b) City or town Rural Saline Twp
(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 12 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller

(c) City or town Rural Saline
(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 0

3. (a) PRINT FULL NAME Roy Franklin Byler

3. (b) If veteran, name war World War No. 1 3. (c) Social Security No. 488-24-7150

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mildred Ellen Byler 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased April (Month) 23 (Day) 1896 (Year)

8. AGE: Years 47 Months 9 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace Roach, Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Clerk, Dept. Store

11. Industry or business .....

FATHER
12. Name William Franklin Byler
13. Birthplace ..... (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary Belle Williams
15. Birthplace ..... (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mildred E. Byler
(b) Address Eldon, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 4 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington, K.C., Mo.

18. (a) Signature of funeral director Phillips Funeral Home
(b) Address Eldon, Missouri

19. (a) 2-14-44 (Date received local registrar) (b) W. S. Spearman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February Day 1st
year 1944 hour 9 minute 5 P. M.

21. I hereby certify that I attended the deceased from 2-1-44, 19..., to 2-1-1944; that I last saw him alive on 1-30-1944, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolism — Duration 2 hrs

Due to .....

Due to .....

Other conditions Myocarditis chron — yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

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. B. Helton (M. D. or other)
Address Eldon Mo Date signed 2-4-44

(Licensed Embalmer's Statement on Reverse Side).

RECEIVED
Miller County Health Dep't
County File Number 44-21
Date Filed 1-7-44

MAR 6 1944

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 Louis D. Phillips, Registered Apprentice No. working under my personal supervision.

Signed

Licensed Embalmer No. 3663

P. O. Address Eldon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.