

FILED APR 18 1944

Registration District No. 3002

Primary Registration District No. 3002

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Andrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
117 E Love St 1
(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)

3. (a) PRINT FULL NAME Samuel Davis Byrns

3. (b) If veteran, name war..... 3. (c) Social Security No. no.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Mar. 13 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 11 24 hr. min.

9. Birthplace Andrain Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business

MOTHER FATHER
12. Name W. G. Byrns
13. Birthplace Andrain Mo
(City, town, or county) (State or foreign country)
14. Maiden name Eda Thomas
15. Birthplace Andrain Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Sadie Byrns

(b) Address 117 E Love St Mexico Mo

17. (a) Burial (b) Date thereof Mar 9 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mexico Mo

18. (a) Signature of funeral director Mr. Phyllis Price

(b) Address Mexico Mo
19. (a) Mar 8 1944 (b) Margaret K Mackie
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Andrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 117 E Love St 1
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7
year 1944 hour 11 minute 30 A M.

21. I hereby certify that I attended the deceased from Jan - 22 - 1944 to 3 - 7 - 1944
that I last saw him alive on 3 - 5 - 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio Nephros

Due to Hypertension

Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....
131a

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) (e) Means of injury.....

23. Signature Frank Geller (M. D. or other) MD
Address Mexico Mo Date signed 3/8/44

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number 4-44-810

Date Filed APR 11 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Roy A. McPherson

Licensed Embalmer No. 1133

P. O. Address

Mexico 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.