

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

14292

Registrar's No.

4

Registration District No.

48

Primary Registration District No.

5173rd A

1. PLACE OF DEATH:

(a) County Callaway (Summit)
(b) City or town Summit
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Two miles east of Hart Hill
(If not in hospital or institution, give street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Eldred Lemuel Byrd

3. (b) If veteran,

name war

3. (c) Social Security

No. 490-09-7452

4. Sex Male 5. Color or race W.H.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sadie 6. (c) Age of husband or wife if alive 32 years
7. Birth date of deceased Feb. 25 1890
(Month) (Day) (Year)

8. AGE: Years 54 Months 1 Days 12 If less than one day hr. min.

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

10. Usual occupation Fireman

11. Industry or business Mo. Power Light Co.

12. Name Lyon Byrd

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Sadie Byrd

(b) Address Ashland, Mo. Rt. 2

17. (a) Burial (b) Date thereof May 10 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director James Lewis

(b) Address 700 Jefferson

19. (a) 5-9-44 (b) Norma Richter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Ashland
(If outside city or town limits, write "RURAL")
(d) Street No. Rt. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7th day May
year 1944 hour 2:10 PM minute M.

21. I hereby certify that I attended the deceased from Heart 1940 or earlier
the last saw deceased above 19
and that death occurred on the date and hour stated above.
Immediate cause of death After making diligent
causation, find that deceased
due to death of a very bad
heart trouble
due to so evident that the
cause of death is
hypertension & old atherosclerosis

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
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?

While at work? (Specify type of place) (e) Means of injury Auto

23. Signature McGerrall (M.D. or other)
Address Fulton, Mo. Date signed 5-7-44

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

881

(Licensed Embalmer's Statement on Reverse Side)

MAR 8 1948

DEC 28 1953

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-13-44

MAY 17 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

F. H. Anderson

Licensed Embalmer No. 3641

P. O. Address

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. May
Registrar's No. 4

Registration District No. 48

Primary Registration District No. 512A

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Summit 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 years, months or days)

3. (a) PRINT FULL NAME Elgar S Byrd.
3. (b) If veteran, name war No. 3. (c) Social Security No.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. 25 (Month) (Day) (Year)

8. AGE: Years 54 Months 1 Days 20 Unless than one day min.

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

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9 year 1944 hour 10 minute 30 M.

21. I hereby certify that I attended the deceased from May 9, 1944 to May 9, 1944; that I last saw him alive on May 9, 1944 and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Heart Disease Duration

Due to Coronary Heart Disease

Due to Coronary Heart Disease

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

Major findings: Of operations 94

Of autopsy

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 W. Barrett (M. D. or other)

Address Greenwood Date signed

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

SUPPLEMENTARY

14292