

FILED NOV 8 1944

Primary Registration District No. 3052

Registrar's No. 331

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

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution:  
105 East Boonville  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether

In this community 35 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

(d) Street No. 105 East Boonville  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Martha Jane Byler

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 Wid.

6. (b) Name of husband or wife J.H. Byler

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

7. Birth date of deceased Jan. 1 1854  
(Month) (Day) (Year)

8. AGE: Years 90 Months 9 Days 3  
If less than one day

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name Riley Donaldson

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

14. Maiden name Rebecca Harmon

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

16. (a) Informant James D. Byler

(b) Address Sedalia, Mo.

17. (a) Burial (b) Date thereof 10-6-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Gillespie Funeral Home  
Sedalia

(b) Address \_\_\_\_\_

19. (a) 10/6/44 (b) Doris Anna Berger  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4  
 year 1944 hour 11 minute 05 A.M.

21. I hereby certify that I attended the deceased from Sept 22, 1944 to Oct 4, 1944  
 that I last saw her alive on Oct 3 and that death occurred on the date and hour stated above.

Immediate cause of death Gaenaria Exhaustion

Due to Influenza

Due to Antonie's

Other conditions 33b  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_

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?  
(Specify type of place)

While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature [Signature] M. D. or other \_\_\_\_\_

Address Sedalia Date signed 10/6/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8

District File Number

Date Filed

11-7-77

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 *L. E. Boullin*

Licensed Embalmer No. 3867

P. O. Address Sedalia

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.