

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

5577

FILED MAR 7 1945

Registration District No.

Primary Registration District No.

5766 5172

Registrar's No.

4

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Rural Shamrock Imp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R. F. D. Bachelor, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether)
In this community 2 weeks
years, months or days

3. (a) PRINT

FULL NAME Martha Byrd

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W 2

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

7. Birth date of deceased Mar. 18, 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 9 17 hr. min.

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

10. Usual occupation Widow

11. Industry or business _____

12. Name Ransom Dudley

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

14. Maiden name Julia Jones

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

16. (a) Informant Mr. Lewis Byrd

(b) Address Bachelor, Mo.

17. (a) Burial (b) Date thereof 1/7/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Auxvasse, Mo.

18. (a) Signature of funeral director Chas Amodeo

(b) Address Mexico, Mo.

19. (a) 1-8-7443 (b) Jane M. Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Callaway 14
(c) City or town Auxvasse 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1 - 4
year 1945 hour 8 minute 00 P. M.

21. I hereby certify that I attended the deceased from 10 to 11 January 1, 1945
that I last saw her alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Apoplexy

Due to _____

Due to _____

Other conditions. (Include pregnancy within 3 months of death) 830

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 B. B. Nichols (M. D. or other)

Address Auxvasse, Mo. Date signed 1-5-45

(Licensed Embalmer's Statement on Reverse Side)

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

1157

District Health Officer No. _____

District File Number

Date Filed 2-6-43

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision. _____, Registered Apprentice No. _____

Signed

Licensed Embalmer No. 5509

P. O. Address: Amesbury, Nw.

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: