

8. No. 2
-8-43
5-17-39
P 1 X37823

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13638

State File No. _____

FILED MAY 11 1945
Registration District No. 3127

Primary Registration District No. 3127

Registrar's No. 42

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Clinton

(c) Name of hospital or institution: Jones Memorial Hospital
(If not in hospital or institution, write street number or location)

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

In this community 31 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Thomas D. Byler

3. (b) If veteran, name war ✓

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
year 1945 hour 19.18 minute 00 M.

21. I hereby certify that I attended the deceased from March 29, 1945 to April 8, 1945
that I last saw him alive on April 8, 1945
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Laura Byler

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Jane 10 1871
(Month) (Day) (Year)

Immediate cause of death Carcinoma of stomach

Duration ✓

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

74 2 29 hr. _____ min.

Due to _____

Due to _____

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

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

10. Usual occupation Blacksmith

Major findings: Of operations _____

Of autopsy H&A

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name James Byler

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

14. Maiden name Jessie Byler

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

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? _____

16. (a) Informant Mrs. M. D. Hamilton

(b) Address St. Louis, Mo.

17. (a) Burial (b) Date there April 11 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Neary Cemetery

18. (c) Signature of funeral director W. B. Stinson

(b) Address St. Louis, Mo.

19. (a) April 10 1945 Mrs. J. L. Lyle
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature W. B. Stinson (M. D. or other) _____
Address Webb City, Mo. Date signed 4/10/45

45-4-376

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

Signed Clayton M. Johnston
Licensed Embalmer No. 4304
P. O. Address Webb City, 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.