

FILED JUL 13 1945  
128

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 2000

Registrar's No. 511

1. PLACE OF DEATH:

(a) County. GREENE MO.

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

(c) Name of hospital or institution:  
1010 E. WEBSTER  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. GREENE

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

(d) Street No. 1010 E. Webster  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME GEORGE BYERS.

3. (b) If veteran, name war. unknown

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 25  
year 1945 hour 11 minute 00 A. M.

21. I hereby certify that I attended the deceased from 6/24, 1945, to 6/24, 1945  
that I last saw him alive on 6/24/45, 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. WEDOWER

6. (b) Name of husband or wife. UNK. 6. (c) Age of husband or wife if alive. Dec. years 22, 1860 (Month) (Day) (Year)

Immediate cause of death acute dilatation heart

Due to over exertion

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years 85 Months 5 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace. UNK. POLAND. 11  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Carpenter

11. Industry or business Carpentering

12. Name unknown

13. Birthplace unknown UNK. 4  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace UNK. 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Camille Robert

(b) Address SPRINGFIELD MO.

17. (a) Burial (b) Date thereof June 27-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director J.W. Kingery & Co.

(b) Address SPRINGFIELD MO.

19. (a) 6-27-45 (b) J.W. Kingery & Co.  
(Date received local registrar) (Registrar's signature)

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

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

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 Q

23. Signature J.E. Blalock (M. D. or other) \_\_\_\_\_

Address Springfield MO. Date signed 6/26/45

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

7  
2  
6

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**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. Davis*

Licensed Embalmer No.....

*1763*

P. O. Address.....

*Springfield 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.**