

S. No. 2
M-8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20566
Registrar's No. 61

Registration District No. 155 Primary Registration District No. 3127

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Webb City
(c) Name of hospital or institution: 522 N. Penn.
(d) Length of stay: In hospital or institution 32 yrs
In this community 32 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Webb City
(d) Street No. 522 N. Penn.
(e) Citizen of foreign country? (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME William W. Byrd
(b) If veteran, name war: /
(c) Social Security No. 498-28-5740

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 13
40 year 1945 hour 4:05 minute P. M.
21. I hereby certify that I attended the deceased from 6-11, 1945, to 6-13, 1945.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Ella Byrd
(c) Age of husband or wife if alive 60 years
7. Birth date of deceased: July 14 1874

that I last saw him alive on 6-13, 1945; and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Occlusion
Duration 3 days

8. AGE: Years 70 Months 10 Days 29
If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

9. Birthplace Sequoyia Ind.
10. Usual occupation Mill Man
11. Industry or business _____
12. Name John Byrd
13. Birthplace Ind.
14. Maiden name Elizabeth Mullins
15. Birthplace Ind.

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Ella Byrd
(b) Address Webb City, Mo.
17. (a) Burial (b) Date thereof June 15, 1945
(c) Place: burial or cremation Mount Zion Cem.
18. (a) Signature of funeral director Webb City, Mo.
(b) Address Webb City, Mo.
19. (a) June 14, 1945 (b) Mrs. Willie Eagle

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? _____
(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 2
23. Signature P. B. Munson (M.D. or other) D. O.
Address Webb City, Mo. Date signed 6-14-45

45-6-548

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 A. K. Mills

Licensed Embalmer No. 347

P. O. Address Weth. City

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.