S. No. 2
M—2-43
5-17-39
-1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

Hardy

FILED SEP 13 1945

STANDARD CERTIFICATE OF DEATH

State File No. 27813

Registration District No. 182

Primary Registration District No. 5691

Registrar's No. 14

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

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Rural Jefferson Twp (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 14 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Linn 58
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Route #1 Sumner Mo (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MINNIE MAUDE BYRD

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

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

6. (b) Name of husband or wife John Byrd
6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Dec - 31 - 1890 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
54	7	6	hr. min.

9. Birthplace Creston Iowa (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Norman Day
13. Birthplace Ill (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Alzina Beebe
15. Birthplace Ill (City, town, or county) (State or foreign country)

16. (a) Informant John E Byrd
(b) Address Route #1 Sumner Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug - 8 - 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Laclede Mo.

18. (a) Signature of funeral director Hill Funeral Home
(b) Address Brookfield Mo

19. (a) Aug. 7. 1945 (Date received local registrar) (b) Mrs. Viva Rowland (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 6 year 1945 hour 5 minute 00 A.M.

21. I hereby certify that I attended the deceased from Apr 1944 Renewed Dec 1944, to Aug 6th, 1945, that I last saw her alive on August 5th, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Exhaustion	
cancer of left breast discovered and referred to	
report to Mayo Foundation in	Apr 44
operated on Oct '44. Fine results.	Dec 44
Due to Metastases discovered in	
Liver & whole vertebral column	Mar 45
Due to Returned to Mayos for deep	
X Ray. No good results.	May 45
Other conditions Died from exhaustion (Include pregnancy within 3 months of death)	Aug 6 '45

Major findings:
Of operations Mayos Diagnosed Metastases in Liver, Spinal Column Liver, Etc
Of autopsy None

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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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature John W Hardy MD (M.D. or other)
Address Sumner Mo Date signed 8/7 45

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(Licensed Embalmer's Statement on Reverse Side)

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. J. R. Blacklock

Licensed Embalmer No. 2276

P. O. Address Brookfield 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.