

FILED JAN 14 1946 **STANDARD CERTIFICATE OF DEATH**

State File No.

Registration District No. 238

Primary Registration District No. 4345

Registrar's No. 110

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Mathias
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No
In this community About all of life (Specify whether years, months or days)

3. (a) PRINT FULL NAME ROBERT HENRY Byrd

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

4. Sex M.O 5. Color or race W 6. (a) Single, widowed, married, divorced Y
6. (b) Name of husband or wife Sarah Byrd 6. (c) Age of husband or wife if alive 1864 years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 81 Months - Days - If less than one day hr. min.

9. Birthplace unk (City, town, or county) Tenn (State or foreign country)

10. Usual occupation Labor

11. Industry or business ✓

12. Name unk
13. Birthplace unk (City, town, or county) unk (State or foreign country)
14. Maiden name unk
15. Birthplace unk (City, town, or county) unk (State or foreign country)

16. (a) Informant Alford Byrd (b) Address Mathias, Mo

17. (a) Burial (b) Date thereof Nov 25, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Pickertown

18. (a) Signature of funeral director Richards and Co (b) Address New Madrid, Mo

19. (a) 12-21-45 (b) Edw. L. Jones (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Mathias (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 13 year 1945 hour 4:00 minute 6 - M.

21. I hereby certify that I attended the deceased from ✓, 1945, to ✓, 1945;
that I last saw h. ✓ alive on ✓, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Fell off of coal car
fractured right frontal skull
Due to bone

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No 1860 39

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) Accident (b) Date of occurrence Nov 23 - 1945

(c) Where did injury occur? Mathias New Madrid, Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

Rail Road Coal Car (Specify type of place)
While at work? Yes (e) Means of injury 3

23. Signature Edw. L. Jones (M.D. or other) Coroner
Address New Madrid, Mo Date signed 11/21-45

RECEIVED

District Health Office No. 2

District File Number 146-880

Date Filed 1-11-46

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.....

Lio Hidyupth

Licensed Embalmer No. 3853

P. O. Address.....

New Madrid, 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.