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DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI

17307

FILED JUN 5 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 195

Primary Registration District No. 5714

Registrar's No. _____

1. PLACE OF DEATH:

(a) County McDONALD

(b) City or town PINEVILLE Rural
(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 _____ (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BARRY

(c) City or town PURDY
(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 _____

3. (a) PRINT FULL NAME ERNEST LEE BYRD

3. (b) If veteran, name war WORLD WAR #2

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 25
year 1946 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____,
that I last saw him _____ alive on _____, 19____,
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 MARTHA BYRD

6. (c) Age of husband or wife if alive 18 years

7. Birth date of deceased MAY 16 1924
(Month) (Day) (Year)

Immediate cause of death Broken Neck & Chest Injured.

Due to _____

Due to _____

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

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

22 0 9 hr. min.

9. Birthplace NEWTON Co. MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation UNEMPLOYED

11. Industry or business _____

12. Name WALTER BYRD

13. Birthplace BARRY Co. MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name MELVINE BOYD

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

16. (a) Informant Mrs. Melvina Hayward

(b) Address Neosho R#3

17. (a) Burial (b) Date thereof 5-28-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woods Cemetery

18. (a) Signature of funeral director Corey Thompson

(b) Address Neosho Mo.

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy _____

170086
728
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident!

(b) Date of occurrence 5-25-1946

(c) Where did injury occur? Purdys, McDonald, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home or farm, in industrial place, in public place?
Oro Public Highway

While at work? _____ (Specify type of place) (c) Means of injury Car

23. Signature P. M. Murphy (M. D. or other) Coroner

Address Pineville, Mo. Date signed 6-24-46

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

(Licensed Embalmer's Statement on Reverse Side)

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Rev. H. R. Raul

JUN 12 1947

APR 19 1947

MAR 22 1951

JAN 9 1947

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 *Corley Thompson*

Licensed Embalmer No. *3259*

P. O. Address *Keosauqua 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.