

Registration District No.

Primary Registration District No.

1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town R.C.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Gen'l No. 2  
(If not in hospital or institution, write street address and number)  
(d) Length of stay: In hospital or institution 12:30-4:48 P.M.  
In this community 15 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Ellis Byrd

3. (b) If veteran, name war -no.

3. (c) Social Security No. 490-05-5812

4. Male 5. Color or race col.

6. (a) Single, widowed, married, divorced Single

6. Name of husband or wife

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

7. Birth date of deceased Feb. 18 1901  
(Month) (Day) (Year)

8. AGE: Years 45 Months 6 Days 11  
If less than one day hr. min.

9. Birthplace Smithton Mo.  
(City, town or county) (State or foreign country)

10. Usual occupation Cook

11. Industry or business

12. Name William Byrd

13. Birthplace Smithton Mo.  
(City, town or county) (State or foreign country)

14. Maiden name Virgie Hunter

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

16. (a) Informant Carl Byrd

(b) Address 2927 A Chouteau St. St. Louis, Mo.

17. (a) Burial (b) Date thereof 9-3-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Adkins Bros.

18. (a) Signature of funeral director 2000 E. 12th R.C. Mo.

(b) Address 9-E-46

19. (a) 9-E-46 (b) Sheraldine Holmes  
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson  
(c) City or town R.C.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1024 Lydia  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 29  
year 1946 hour 4 minute 48 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.

Immediate cause of death Subdural Hematoma Duration

Due to Skull Fracture

Due to Trauma (undrown)

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

Major findings: Of operations See Above

Of autopsy See Above

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) Homicide

Date of occurrence 8-29-46

(c) Where did injury occur? Warrsburg (City or town) (County) (State) Mo.

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

While at work? No (Specify type of place) (Type of injury) Trauma

Signature A.E. User (M. D. or other) 2800 Main

Address 2800 Main Date 9-3-46

SEP 26 1946

NOV 29 1946

### 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. T. Mearns

Licensed Embalmer No. 948

P. O. Address.....

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 was not embalmed, fact should be so stated above.