

UNITED STATES OF AMERICA
STANDARD CERTIFICATE OF DEATH

State File No. **33184**

FILED OCT 17 1946

Registration District No. **107**

Primary Registration District No. **3019**

Registrar's No. **184**

1. PLACE OF DEATH:

(a) County **Dunklin**
(b) City or town **Kennett**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Chesnell Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1-day**
In this community **Life time**
years, months or days

3. (a) PRINT FULL NAME

Barbara Ann Byrd

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

4. Sex **F**
1

5. Color or race **White**

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

6. (b) Name of husband or wife

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

7. Birth date of deceased **July 27-1938**
(Month) (Day) (Year)

8. AGE: Years **8** Months **2** Days **1**
If less than one day **—** hr. **—** min.

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

10. Usual occupation **In school**

11. Industry or business

12. Name **Erwin B. Byrd**
13. Birthplace **Kennett Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Mollie D. McQuinn**
15. Birthplace **Thummesville Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Erwin B. Byrd**

(b) Address **Kennett Mo**

17. (a) **Burial** (b) Date thereof **Sept. 30-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Ridge-Kennett**

18. (a) Signature of funeral director **Paul Balaban**

(b) Address **Kennett Mo**

19. (a) **10-9-1946** (b) **Earl J. Johnson**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Dunklin**
(c) City or town **Kennett**
(If outside city or town limits, write "RURAL")
(d) Street No. **707-E-6th St.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **28**
year **1946** hour **—** minute **—** M.

21. I hereby certify that I attended the deceased from **Sept. 27**, 19**46**, to **Sept. 28**, 19**46**.
that I last saw him alive on **Sept. 28**, 19**46**.
and that death occurred on the date and hour stated above.

Immediate cause of death **Letanus**

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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?

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

23. Signature **George J. Sumner** (M. D. or other **M.D.**)
Address **Kennett Mo.** Date signed **Sept. 30 1946**

90

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office No. 2,
District File Number 1046-1230
Date Filed 10-14-46

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.....

Helen F. Demands....., Registered Apprentice No. 415
working under my personal supervision.

Signed Phalmon.....

Licensed Embalmer No. 2556

P. O. Address Kennett, 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.