

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED OCT 24 1946 STANDARD CERTIFICATE OF DEATH

State File No. 33311

Registration District No. 128

Primary Registration District No. 5466

Registrar's No. 801

1. PLACE OF DEATH:

(a) County GREENE  
(b) City or town Rural, S. Campbell Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: OAKS CELEBRATING HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Hospital  
In this community 1 day (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Laura Mae Byrd

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife James Riley Byrd 6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased 5 (Month) 15 (Day) 1874 (Year)

8. AGE: 72 Years 4 Months 19 Days If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

12. Name David C Dean

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

14. Maiden name Dianna Kyle

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

16. (a) Informant Mr. R. Byrd

(b) Address Noble Twp Route 1

17. (a) Burial Route (b) Date thereof 10-6-46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tharfield

18. (a) Signature of funeral director Chas. H. H. Funeral Home

(b) Address 414 Ave. Ma

19. (a) 10-4-46 (b) W E Landby MD (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ozark 77  
(c) City or town Noble (If outside city or town limits, write "RURAL")  
(d) Street No. Route 1 (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 4 year 1946 hour 1 minute P.M.

21. I hereby certify that I attended the deceased from 3 X 1946 to 10 4 1946 that I last saw her alive on 10-4-46 and that death occurred on the date and hour stated above.  
Immediate cause of death

Due to 11 in on stage

Due to 11 in on stage

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 117A

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) (c) Means of injury

23. Signature Address Springfield Mo Date signed 10/11/46

111 (Licensed Embalmer's Statement on Reverse Side)

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

---

---

**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.....

*W. B. Hutchison*

Licensed Embalmer No.....

*3431*

P. O. Address.....

*Area 100*

**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.**

*+*