

S. No. 2  
M-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL STATISTICS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35795

State File No. \_\_\_\_\_

Registration District No. 325

Primary Registration District No. 6095

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Schwuyler  
(b) City or town Downing - Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community all life years, months or days

3. (a) PRINT FULL NAME George L. Byrn  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Nancy Byrn 6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased June 12 1872 (Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

MOTHER, FATHER { 12. Name Reese Byrn  
13. Birthplace Mo. (City, town, or county) (State or foreign country)  
14. Maiden name Margaret Hoeker  
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Hobart Byrn  
(b) Address Marion Iowa

17. (a) Burial (b) Date thereof 9 29 1946 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coffey  
18. (a) Signature of funeral director Lloyd Moore  
(b) Address Downing Mo.

19. (a) 9 29 46 (b) Wm. D. Drake (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schwuyler  
(c) City or town Downing - Rural  
(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 9 day 27 year 1946 hour 6:15 minute P M.

21. I hereby certify that I attended the deceased from 9/17, 1946 to 9/27, 1946; that I last saw him alive on 9/27, 1946; and that death occurred on the date and hour stated above.  
Immediate cause of death Cerebral ~~arterial~~ occlusion  
Duration \_\_\_\_\_

Due to 3  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: 94A  
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) (c) Means of injury 21

23. Signature RE Vaughn (M. D. or other) D.O.  
Address Lancaster, Mo Date signed 9/28/46

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

OCT 30 1946

DEC 2 1946

RECEIVED  
District Health Officer No. 10  
District File Number 10-46-183  
Date Filed OCT-14-1946.

### 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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

Lloyd Moore

Licensed Embalmer No. 3151

P. O. Address Downing 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.