No. 2
—2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 30 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36582

Registration District No. 114 Primary Registration District No. 4186 Registrar's No. 96

1. PLACE OF DEATH:

(a) County FRANKLIN

(b) City or town SULLIVAN
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: SULLIVAN MO.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 4 WEEKS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GASCONADE

(c) City or town OWENSVILLE MO
(If outside city or town limits, write "RURAL")

(d) Street No. ✓
(If rural, give location)

(e) Citizen of foreign country? ✓ No (Yes or No)

If yes, name country ✓

3. (a) PRINT FULL NAME DAVID WEBSTER 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 WIDOWED

6. (b) Name of husband or wife MARGARET BYRD JENKINS 6. (c) Age of husband or wife if alive DEAD years

7. Birth date of deceased JUNE (Month) 18 (Day) 1859 (Year)

8. AGE: Years 87 Months 5 Days 4 If less than one day ____ hr. ____ min.

9. Birthplace ✓ (City, town, or county) KENTUCKY (State or foreign country)

10. Usual occupation FARMING

11. Industry or business ✓

FATHER
12. Name WILLIAM BYRD
13. Birthplace ✓ (City, town, or county) KENTUCKY (State or foreign country)

MOTHER
14. Maiden name NANCY ROBINS
15. Birthplace ✓ (City, town, or county) KENTUCKY (State or foreign country)

16. (a) Informant LAWRENCE BYRD
(b) Address OWENSVILLE MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-24-46 (Month) (Day) (Year)
(c) Place: burial or cremation BURCHARD CEM. OWENSVILLE MO

18. (a) Signature of funeral director Milford Hinton
(b) Address OWENSVILLE MO

19. (a) 11-22-1946 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 22 year 1946 hour 2 minute 10 A.M.

21. I hereby certify that I attended the deceased from Nov. 9, 1946, to Nov 21, 1946 that I last saw him alive on Nov 21, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Thrombosis	2 wks
Due to Embolis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

83B

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature G W Taylor (M.D. or other) MD.

Address Sullivan MO Date signed 11-21-46

97

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 11-25-46

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 Me

Registered Apprentice No.

working under my personal supervision.

Signed Milford Wesler

Licensed Embalmer No. 3838

P. O. Address Owensville 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.