

FILED NOV 18 1946  
3

Registration District No. \_\_\_\_\_ Primary Registration District No. **5655**

**1. PLACE OF DEATH:**

(a) County **Lawrence**

(b) City or town **Mt. Vernon**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Missouri State Sanatorium**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **69 days**  
(Specify whether years, months or days)

In this community **69 days**  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri**

(b) County **Clinton**

(c) City or town **Cameron**  
(If outside city or town limits, write "RURAL")

(d) Street No. **619 Cherry**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Hans C. Byers**

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

3. (c) Social Security No. **512-05-2224**

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife **Julia**

6. (c) Age of husband or wife if alive **47** years

7. Birth date of deceased **March 4 1893**  
(Month) (Day) (Year)

**8. AGE:**

|           |          |          |                      |
|-----------|----------|----------|----------------------|
| Years     | Months   | Days     | If less than one day |
| <b>43</b> | <b>8</b> | <b>3</b> | hr. _____ min. _____ |

9. Birthplace **Cameron Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Painter**

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

**MOTHER, FATHER**

12. Name **Edward N. Byers**

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

14. Maiden name **Ellen Assmusen**

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

16. (a) Informant **E. McMichael, Record Clerk**

(b) Address **Mo. State San. Mt. Vernon, Mo.**

17. (a) **Removal**  
(Burial, cremation, or removal)

(b) Date thereof **Nov 7 46**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Cameron Mo**

18. (a) Signature of funeral director **Geo BOIV**

(b) Address **Mt. Vernon, Mo**

19. (a) **11-8-46**  
(Date received local registrar)

(b) **D. H. Kilbrick**  
(Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Nov.** day **7th**  
year **1946** hour **5:00** minute **A** M.

21. I hereby certify that I attended the deceased from **Aug. 30**, 19 **46** to **Nov. 7th**, 19 **46**;  
that I last saw him alive on **Nov. 7th**, 19 **46**;  
and that death occurred on the date and hour stated above.

Immediate cause of death. **Pulmonary fibrosis** **Abt 1 yr**  
**Right heart failure** **a few weeks**

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

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

Other conditions **114E**  
(Include pregnancy within 3 months of death)

Major findings: **Pulmonary Fibrosis**  
**Right heart failure**

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) (e) Means of injury \_\_\_\_\_

23. Signature **G. F. Ingleson** (M. D. or other) **M.D.**  
Address **Mount Vernon, Missouri** Date signed **11-7-46**

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

RECEIVED  
District Health Officer No. 6;  
District File Number 1144b-1144  
Date Filed NOV 13 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.....  
Licensed Embalmer No. 946  
P. O. Address 29th Vermont St

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.