

FILED DEC 26 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41001

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 262

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
RR Crossing on West Centennial 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT
FULL NAME

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fred Albert Byrd 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased April 3 1916
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
30 8 12 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Arthur Smith

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

14. Maiden name Unknown

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

16. (a) Informant Fred A. Byrd (Husband)
(b) Address Carthage, Mo.

17. (a) Burial (b) Date thereof 12 19 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Mo.

19. (a) 12-19-46 (b) L.B. Clinton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 47
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 1407 Harrington
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country U

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15th.
year 1946 hour 6:30 minute A.M.

21. I hereby certify that I attended the deceased from 12-15-46 to 12-15-46
that I last saw him alive on 12-15-46
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Crushed Skull

Compensated Fracture Right Leg

Due to Car. 70 ft By Mo. Pac. Train

Due to Centennial Mo. - Pac. R.R. Crossing

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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) Accident 116

(b) Date of occurrence 12/15/46

(c) Where did injury occur? Carthage, Jasper Co. Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place

While at work? No (Specify type of place) (e) Means of injury Car

23. Signature W. W. Nestel (M. D. or other) MD
Address 2114 Jasper Date signed 12/15/46

46-12-1057

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.....

Gene C. Pugh
Gene C. Pugh.

Licensed Embalmer No..... 4231

P. O. Address..... Carthage, 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.