

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 6 1947

Registration District No. 275

Primary Registration District No. 3053

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 8th, Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 years (Specify whether years, months or days)
In this community 7 years

3. (a) PRINT FULL NAME Lloyd (Jack) Raymond Byrd.

3. (b) If veteran, name war Worlds War 2 3. (c) Social Security No. 445-05-8853

4. Sex Male 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gussie Lee Byrd. 6. (c) Age of husband or wife if alive 19 years
7. Birth date of deceased September 11, 1910
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
36 3 11 hr: min.

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

10. Usual occupation Salesman

11. Industry or business

12. Name R. E. Byrd
13. Birthplace Eldon, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Estella Son
15. Birthplace Eldon, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gussie Lee Byrd,
(b) Address 701 East 7th St., Rolla Mo.,

17. (a) Burial (b) Date thereof Feb. 24, 1947
(Burial, cremation, or removal) (Year)
(c) Place: burial or cremation National Cemetery, Jefferson City, Missouri.

18. (a) Signature of funeral director Null & Sons Funeral Home
(b) Address 508 West 8th, Rolla Missouri

19. (a) 2-26-47 (b) Nellie R. Steele
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps
(c) City or town Rolla
(If outside city or town limits, write "RURAL")
(d) Street No. 701 East 7th St.,
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22
year 1947 hour Approx. 2:00 minute A M.

21. I hereby certify that I attended the deceased from 19 to 19
that Max saw him alive on Feb. 22, 1947
and that death occurred on the date and hour stated above.
Immediate cause of death Heart Failure. Duration

Due to Chronic Alcoholism.
(Medical History)

Due to 77C
Other conditions 77C
(Include pregnancy within 3 months of death)

Major findings:
Of operations X
Of autopsy X
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) 3
(b) Date of occurrence Feb. 24, 1947
Where did injury occur? Rolla, Mo. (City or town) (County) (State)
(c) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place) (e) Means of injury barrel
23. Signature R. E. Byrd (M.D. or other)
Address Rolla, Mo. Date signed 2-22-47

APR 18 1947

MAR 7 1947

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

Paul E. V. Juel, Registered Apprentice No. 428
working under my personal supervision.

Signed

P. E. V. Juel
Licensed Embalmer No. 3397

P. O. Address Rolla 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.