

FILED MAR 24 1947

Registration District No. 271

Primary Registration District No. 8048

Registrar's No. 45

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

1. PLACE OF DEATH:

(a) County Nodaway

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

(c) Name of hospital or institution: ST. FRANCIS HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 Days
(Specify whether)

In this community 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Nodaway

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

(d) Street No. 202 So. HESTER
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country NONE

3. (a) PRINT FULL NAME Blanche Byers

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Leonard S. Byers (Deceased) 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 8, 1868
(Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business None

MOTHER FATHER { 12. Name Findley Lafferty

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

14. Maiden name Elizabeth J. Clendinning

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

16. (a) Informant Mrs. George S. Perry

(b) Address San Francisco, Calif.

17. (a) Burial (b) Date thereof Mar. 8, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miriam Cemetery

18. (a) Signature of funeral director Price Funeral Home

(b) Address 120 East 1st Maryville, Mo.

19. (a) 8-12-47 (b) Penstalt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6 year 1947 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb 20 to March 6 1947.
that I last saw her alive on March 5 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Dilatation Subdu
Duration

Due to Chronic Myocarditis
Chronic Bronchitis

Due to Chronic Arthritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 93D

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 0

23. Signature W.R. Jackson (M. D. or other)

Address Maryville, Mo Date signed 3-8-47

DISTRICT HEALTH SERVICE
Cameron, Mo.

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 John W. Price
Licensed Embalmer No. 4281
P. O. Address Maryville 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.