No. 2
2-45
7-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 28 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17883

Registration District No. 160 | Primary Registration District No. 5592 | Registrar's No. 37

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

1. PLACE OF DEATH:
(a) County Jefferson,
(b) City or town Hematite, Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 3 days,

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Butler
(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No. 837 Vine st.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lonnie Guy Byrd, Sr.
3. (b) If veteran, name war
3. (c) Social Security No. 702-16-0326

4. Sex M | 5. Color or race W | 6. (a) Single, widowed, married, divorced | 6. (b) Name of husband or wife | 6. (c) Age of husband or wife if alive years

7. Birth date of deceased 1 (Month) - 24 (Day) - 1884 (Year)

8. AGE:	Years	Months	Days	If less than one day
	63	3	24	hr. min.

9. Birthplace Smithville (City, town, or county) TENN. (State or foreign country)
10. Usual occupation Bridget Bldg. Supervisor
11. Industry or business Mo. Pac. R. R. Co.

MOTHER FATHER
12. Name John L. Byrd.
13. Birthplace Not Known. (City, town, or county) Va. (State or foreign country)
14. Maiden name Delia M. Smithson.
15. Birthplace Not Known. (City, town, or county) TENN. (State or foreign country)

16. (a) Informant L. G. Byrd Jr.
(b) Address 1528 Locust, st. St. Louis Mo
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 5-19-'47 (Month) (Day) (Year)
(c) Place: burial or cremation Nashville Tenn.
18. (a) Signature of funeral director Lee Motherwood.
(b) Address De Soto Mo
19. (a) (Date received local registrar) (b) Cleon Bellville (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18th year 1947 hour 6 minute 30 P.M.
21. I hereby certify that I attended the deceased from May 18. 19 47 to May 18, 19 47 that I last saw him alive on May 18, 19 47 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage.	~~Instantaneous~~ Sudden
Due to Coronary thrombosis	2 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy None

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 George Hopson (M. D. or other) MD
Address De Soto, Mo Date signed 5-19-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 5-27-47

MAY 29 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.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed J. H. Mothershead

Licensed Embalmer No. 3531

P. O. Address DeSoto 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.

No. 2B
—3-45
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. June 37

Registration District No. 160 Primary Registration District No. 5592 Registrar's No.

1. PLACE OF DEATH:

(a) County Jefferson

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Lennie G Byrd

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan 24 1884
(Month) (Day) (Year)

8. AGE: Years 63 Months 3 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) Registrar's signature

SUPPLEMENTARY

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar 8 year 1947 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

17883