

National Office of Vital Statistics
FILED JUL 23 1947

Registration District No. 16

Primary Registration District No. 3220

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Festus
(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 Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Jessie Olive Byrd

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 Thomas S. Byrd 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased February 13 - 1870
(Month) (Day) (Year)

8. AGE: Years 77 Months 5 Days 1 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Henry Reese

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

14. Maiden name Jennie Smith

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

16. (a) Informant Mrs. H. P. Vinyard

(b) Address Festus Mo.

17. (a) Burial (b) Date thereof 7-16-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Festus Methodist Ch.

18. (a) Signature of funeral director H. S. Vinyard

(b) Address Festus Mo.

19. (a) July 16 1947 (b) Clara Belle Kelly
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town Festus
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14 year 1947 hour 21 minute 45 P.M.

21. I hereby certify that I attended the deceased from Nov 1st to July 14, 1947, that I last saw her alive on July 15th, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilatation of Heart

Due to Chronic Myocarditis and Chronic Hypertension

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause of 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 J. J. Guernsey MD or other

Address City of Festus Mo Date signed July 16 1947

RECEIVED

District Health Officer No. 9,
District File Number
Date Filed 7-22-47

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.....

H. Stuyard

Licensed Embalmer No. 3010

P. O. Address.....

Fenton

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.