FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 1 1948
Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

3975
State File No.
Registrar's No. 236

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 221 So. 16th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 51 years (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 221 So. 16th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles E. Byrd
3. (b) If veteran, name war ----
3. (c) Social Security No. ----

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Nora S. Byrd
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 23 (Day) 1865 (Year)

8. AGE: Years 83 | Months 0 | Days 27 | If less than one day ____ hr. ____ min.

9. Birthplace Roachdale (City, town, or county) Indiana (State or foreign country)
10. Usual occupation Doctor
11. Industry or business Medicine
MOTHER FATHER
12. Name Thomas Byrd
13. Birthplace Unknown (City, town, or county) Virginia (State or foreign country)
14. Maiden name Martha Harris
15. Birthplace Unknown (City, town, or county) Virginia (State or foreign country)
16. (a) Informant Barfield W. Byrd
(b) Address St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/23/48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Heaton-Bowman
(b) Address St. Joseph, Mo.
19. (a) Feb 25, 1948 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20 year 1948 hour 4 minute ____ P.M.
21. I hereby certify that I attended the deceased from Feb. 8, 1946, to 2/20/48, 19____; that I last saw h. im. alive on 2/16/48, 19____; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerosis, general	5 yrs.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 97	
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 0
23. Signature C. H. Earle (M. D. or other)
Address 906 Francis St., City Date signed 2-23-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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

MAR 30 1948

MAR 30 1948

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 Francis Joseph Wyland Jr.

Licensed Embalmer No. 4532

P. O. Address 1015½ Sylvania St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.