

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11316

State File No.

FILED APR 3 1948

Registration District No. 3772

Primary Registration District No. 6264

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Webster  
(b) City or town Seymour Mo. Rt. 3  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Hazelwood T.W.N.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: in hospital or institution  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME Joseph BINGEMAN 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 Married  
6. (b) Name of husband or wife Nettie Byrd 6. (c) Age of husband or wife if alive 76 years  
7. Birth date of deceased November 27 1869  
(Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 11 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Webster County Mo. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Albert Byrd  
13. Birthplace North Carolina (City, town, or county) (State or foreign country)  
14. Maiden name Mary Jane  
15. Birthplace North Carolina (City, town, or county) (State or foreign country)

16. (a) Informant Nettie Byrd  
(b) Address Seymour Mo. Rt. 3

17. (a) Burial (b) Date thereof 3 10 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill

18. (a) Signature of funeral director Kelly Farnell Bergman

(b) Address Seymour Mo.

19. (a) Mar 17 (b) Wilbert Jones  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster 1120  
(c) City or town Seymour Mo. Rt. 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. Hazelwood T.W.N.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 8  
year 1948 hour 11 minute AM

21. I hereby certify that I attended the deceased from June 1935 to 3-8-48  
that I last saw him alive on 10-12-48  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis  
Due to arterio-sclerosis

Due to apc

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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature G. G. Beers (M. D. or other)  
Address Seymour Mo. Date signed 3-17-48

RECEIVED

District Health Officer No. 6,

District File Number 348-324

Date Filed MAR 31 1948

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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 K. K. Kelley

Licensed Embalmer No. 3334

P. O. Address Fordland 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.