

FILED JUN 22 1948

Registration District No. 278

Primary Registration District No. 5439

Registrar's No. 97

1. PLACE OF DEATH:

(a) County GASCONADE
(b) City or town RURAL - CANNANTWP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5 mi. S.E. OF OWENSVILLE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community ENTIRE LIFETIME (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Bobby Eugene 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 SINGLE

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased JAN (Month)

9 - 1939 (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>9</u>	<u>4</u>	<u>27</u>	hr. min.

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

10. Usual occupation SCHOLAR

11. Industry or business

12. Name LAWRENCE BYRD

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

14. Maiden name BEULAH NORMAN

15. Birthplace P.W.BA MO (City, town, or county) (State or foreign country)

16. (a) Informant LAWRENCE BYRD

(b) Address OWENSVILLE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-9-48 (Month) (Day) (Year)

(c) Place: burial or cremation BURCHARD CEM. OWENSVILLE MO

18. (a) Signature of funeral director Michael Winters

(b) Address OWENSVILLE MO

19. (a) 6-12-48 (Date received local registrar) (b) Dorothy Hackman (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County CASSIADE
(c) City or town RURAL (If outside city or town limits, write "RURAL")
(d) Street No. 5 MI S.E. OF OWENSVILLE (If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: /Month JUNE day 6th year 1948 hour 3 minute P M.

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

Immediate cause of death

Accidentally shot by
real rifle by brother
Due to Billy Byrd, while at
play

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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) accident 27
(b) Date of occurrence JUNE 6-1948 27
(c) Where did injury occur? 5 mi. S.E. of Owensville Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? yard at home

While at work play (Specify type of place) (e) Means of injury Coroner

23. Signature Hugost Olemer (M.D. or other) Address Herrmann Mo Date signed 6/7/48

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed _____

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 _____

HARVEY KAHLE, Registered Apprentice No. 9
working under my personal supervision.

Signed Michael H. H. Winter

Licensed Embalmer No. 3838

P. O. Address Owensville, 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. July 97
Registrar's No. _____

Registration District No. 118

Primary Registration District No. 5439

1. PLACE OF DEATH

(a) County Gasconade
(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
In this community _____ years, months or days)

3. (a) PRINT FULL NAME

Bobby E. 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 s

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: 9 Years 4 Months 9 Days (Less than one day _____ hr. _____ min.)

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

10. Usual occupation

11. Industry or business

12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
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) June 12, 1948 (b) Loisley Deckman
(Date received local registrar) (Registrar's signature)

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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ year 1948 hour _____ minute _____ M.

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

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

SUPPLEMENTARY

S-19115