FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 16 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22194

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 848

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: Mo. Meth. Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 day (Specify whether

In this community: 3 days (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Iowa (b) County: Poweshiek 999

(c) City or town: Oskaloosa 13 (If outside city or town limits, write "RURAL")

(d) Street No.: Oskaloosa, Iowa. 0 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME: Robert Byers

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Mary Byers

6. (c) Age of husband or wife if alive: 72 years

7. Birth date of deceased: December (Month) 27 (Day) 1868 (Year)

8. AGE: Years 79 Months 7 Days 12 — If less than one day ... hr. ... min.

9. Birthplace: Oskaloosa (City, town, or county) Iowa (State or foreign country)

10. Usual occupation: Retired

11. Industry or business: Carpenter

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

MOTHER
14. Maiden name: Ann Blakley
15. Birthplace: Unknown (City, town, or county) Ireland (State or foreign country)

16. (a) Informant: Mrs. Mary Byers

(b) Address: Oskaloosa, Iowa.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 8/10/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Montezuma, Iowa.

18. (a) Signature of funeral director: Heaton-Bowman

(b) Address: St. Joseph, Mo.

19. (a) Aug 11, 1948 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382 ea

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9 year 1948 hour 4 minute 10 PM.

21. I hereby certify that I attended the deceased from Aug 9, 1948 to Aug 9, 1948; that I last saw him alive on Aug 9, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	12 hours
Due to: Generalized Arteriosclerosis	
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) 0

While at work? (e) Means of injury

23. Signature: Irwin Rosenthal (M. D.) MD

Address: St Joseph Mo Date signed: 8/10/48

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

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

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.....Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th St Joseph

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

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