No. 2
/47
7-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28898

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 1036

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: 617 No. 12th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life
years, months or days)

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. 617 No. 12th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Clara R. Byrne
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female
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 June (Month) 19 (Day) 1874 (Year)

8. AGE: Years 74 | Months 3 | Days 8 | If less than one day ..... hr. ..... min.

9. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired
11. Industry or business School teacher
FATHER
12. Name Michael Byrne
13. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)
MOTHER
14. Maiden name Mary Curley
15. Birthplace Glean (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Edward Byrne
(b) Address Huron, So. Dakota
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/30/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery
18. (a) Signature of funeral director Heaton-Bowman
(b) Address St. Joseph, Mo.
19. (a) 10-2-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 27 year 1948 hour 4 minute 15 P. M.

21. I hereby certify that I attended the deceased from November 2, 1947, to Sept 27, 1948 that I last saw her alive on Sept 27, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis, general

Due to Arteriosclerotic Heart Disease c̄ Hypertension

Due to Cerebral Thrombosis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 Louis C. Neudorff (M. D. or other) M.D.
Address 825 Charles Street St. Joseph, Mo. Date signed 9/28/48

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

OCT 8 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 Eugene Wood

Licensed Embalmer No 3804

P. O. Address 319 So 10th St Joseph, Mo

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

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