

Registration District No. 277

Primary Registration District No. 3052

Registrar's No. 270

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1220 E. 9
(If not in hospital or institution, write street number or location)
(d) Length of stay: 20 years In hospital or institution (Specify whether years, months or days)

3. (a) PRINT FULL NAME Martha Ellen Byrd
3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Adam Byrd
6. (c) Age of husband or wife if alive 31 years
7. Birth date of deceased Aug 31, 1855 (Month) (Day) (Year)

8. AGE: Years 93 Months 0 Days 5 If less than one day hr. min.

9. Birthplace Shotwell, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Alexander Gregory

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

14. Maiden name Mary Lane McCaster

15. Birthplace Washington, Mo. (City, town, or county) (State or foreign country)

16: (a) Informant Mrs. Jessie Longagin

(b) Address 1220 E. 9th

17. (a) Burial (b) Date thereof 9-10-48 (Month) (Day) (Year)

(c) Place: burial or cremation Jones cem.

18. (a) Signature of funeral director M. Laughlin Bros

(b) Address 519 So Ohio

19. (a) 9-9-48 (b) Betty Yeager (Date received local registrar) (Registrar's signature)

25 (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis
(c) City or town Sedalia (If outside city or town limits, write "RURAL")
(d) Street No. 1220 E. 9 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 6 year 48 hour 4 minute M.

21. I hereby certify that I attended the deceased from Sept 4th to Sept 6th, 1948, that I last saw her alive on Sept 6, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death

Pneumonia 2 days

Pneumonia a few days

Due to Senility & Advanced age

Due to Age 93

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 A. J. Campbell (M. D.)

Address Sedalia, Mo. Date signed 9-7-48

PHYSICIAN

Underline the cause of which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed.....10-6-48

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. P. M. Lary

Licensed Embalmer No. 3153

P. O. Address *Sedalia 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.