

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39652

FILED DEC 20 1948

State File No. _____

Registrar's No. 51

Registration District No. _____

Primary Registration District No. 3015

1. PLACE OF DEATH:
(a) County Clinton
(b) City or town Cameron
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Cameron Community D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 hours
(Specify whether
In this community 12 years
years, months or days)

3. (a) PRINT FULL NAME Charles Watson Byrd
3. (b) If veteran, name war No 3. (c) Social Security No. None
4. Sex M-D 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Cora Byrd
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased May 27 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 4 24 hr. min.

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

10. Usual occupation Agent & Operator
Railroad

11. Industry or business _____

12. Name John M. Byrd

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

14. Maiden name Harriett Rhubama Roberts

15. Birthplace Pendleton Va.
(City, town, or county) (State or foreign country)

16. (a) Informant Cora Byrd

(b) Address 420 So. Cherry

17. (a) Burial (b) Date thereof 12-4-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Winston

18. (a) Signature of funeral director Infant Paul Home

(b) Address 222 W. 3rd

19. (a) 12-6-48 (b) Winifred W. Moser
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Clinton
(c) City or town Cameron
(If outside city or town limits, write "RURAL")
(d) Street No. 420 So. Cherry
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 1
year 1948 hour 4 minute 50 P. M.
21. I hereby certify that I attended the deceased from 11-16
1948 to 12-2 1948
that I last saw him alive on 12-2 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach
Duration 6 mo

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 46B
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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Charles Byrd (M. D. or other) _____

Address Cameron, Mo. Date signed 12-2-48

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

George B. Trammell

Licensed Embalmer No. *4425*

P. O. Address

224 West 4th

Cameron, 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.