

Registration District No. 125

Primary Registration District No. 3009

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Southeast Missouri Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days
(Specify whether _____)
In this community _____
years, months or days 630

3. (a) PRINT FULL NAME ANNA JENSEN BYRD

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F. 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Byrd 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Feb. 5, 1878
(Month) (Day) (Year)

8. AGE: Years 62 Months 4 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Racine, Wisconsin
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business NONE

MOTHER FATHER { 12. Name Soren Jensen 7
18. Birthplace Copenhagen, Denmark
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace Copenhagen, Denmark
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Eugene Boyd
(b) Address Jonesboro, Ill.

17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jonesboro, Illinois

18. (a) Signature of funeral director Cecil Morris
(b) Address Jonesboro, Illinois

19. (a) 6-26-40 (b) John Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Union
(c) City or town Jonesboro
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26th
year 1940 hour 8⁰⁰ minute 50 A. M.

21. I hereby certify that I attended the deceased from June 17, 1940 to June 26, 1940; that I last saw her alive on June 26, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Parainfluenza 7 Duration 67 hrs.
The Caesum

Due to _____

Due to 46

Other conditions (Include pregnancy within 3 months of death)

Major findings: Parainfluenza 7
Of operations: The Caesum
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? 121
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature George H. Walker (M. D. or other) _____
Address Cape Girardeau Date signed 6/26/40

WHITE PAPER—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Cecil Morris.....

Licensed Embalmer No.....

P. O. Address Jonesboro, Ill......

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, above space should be left blank.