

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

Primary Registration District No. α 2

Registrar's No. 210

1. PLACE OF DEATH:

(a) County Benton
(b) City or town Rural - Trustee
(c) Name of hospital or institution: 1
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Benton
(c) City or town _____
(d) Street No. _____
(e) Citizen of foreign country? NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
year 1941 hour 5 minute 00 M.

21. I hereby certify that I attended the deceased from April 1940 to March, 20, 1941
that I last saw him alive on March, 19, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Blocking of bowels Duration 25 day.

Due to Carcinoma of the intestines 11 mo.

Due to _____

Other conditions 46
(Include pregnancy within 3 months of death)

Major findings: Of operations none PHYSICIAN _____

Of autopsy none 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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 65

23. Signature W. A. Logan (M. D. or other) DD
Address Warsaw Mo Date signed 3-24-41

3. (a) PRINT FULL NAME Archie Byrum

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

4. Sex MO 5. Color or race wh 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife Mary Byrum 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 15, 1865
(Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name E. Claude Byrum

13. Birthplace 1 Ky
(City, town, or county) (State or foreign country)

14. Maiden name Ruth Sharp

15. Birthplace 1 Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Byrum

(b) Address Trustee, Mo

17. (a) burial (b) Date thereof 3/21/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelton Cem

18. (a) Signature of funeral director J. P. Lusk

(b) Address Whateley, Mo

19. (a) 4/4/41 (b) J. A. Logan
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 5-41-734

Date Filed 3-5-41

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 J. R. Luckey.....

Licensed Embalmer No. 2489.....

P. O. Address Wattland.....

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.