

FILLED JUN 12 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 17839

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 427

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1119 - N. National 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME SUE CAROLYN BYRON

3. (b) If veteran, name war no 3. (c) Social Security No. None

4. Sex 73 5. Color or race Negro 6. (a) Single Infant divorced _____
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive XX years (Month) (Day) (Year)

7. Birth date of deceased MARCH 3 1941
(Month) (Day) (Year)

8. AGE: Years 10 Months 2 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation Inf

11. Industry or business Inf

12. Name Andrew Byron

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

14. Maiden name Naomi Hudleston

15. Birthplace Mineral Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Naomi Byron

(b) Address 1370 - E - Division City

17. (a) Burial (b) Date thereof 5-22-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director H. V. Smith

(b) Address 76 St W. Jefferson

19. (a) 5-22-41 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

(Licensed Embalmers' Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Greene
(c) City or town Springfield Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 1370 - E - Division
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 5 day 22
year 1941 hour 12 minute 50 A.M.

21. I hereby certify that I attended the deceased from 5-19-1941 to 5-21-1941
that I last saw her alive on 5-21-1941
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Congestion
Bronchial Pneumonia

Due to no other complications

Due to _____

Other conditions (Include pregnancy within 3 months of death) 107

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?
While at work? _____ (Specify type of place)

(e) Means of injury _____

Signature Ad Knabb (M. D. or other) _____
Address 450 1/2 E. Cornil Date signed 5-22-41

Duration
Underline the cause to which death should be charged statistically.

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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

X