

FILED FEB 2 1942
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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1930
State File No. _____
Registrar's No. 6

Registration District No. _____

Primary Registration District No. 5227

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

19
0
0

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Rural "West Peculiar, Mo."
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 33 years
years, months or days

8. (a) PRINT FULL NAME MAGGIE FRANCES BYRNE

8. (b) If veteran, name war _____

8. (c) Social Security No. _____

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife B. S. Byrne 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 2, 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

63 5 11 hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name John Simonson

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

14. Maiden name Lillian Lateral

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

16. (a) Informant Miss Sallie Byrne

(b) Address Peculiar, Mo.

17. (a) Burial (b) Date thereof Jan 16, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Peculiar, Mo.

18. (a) Signature of funeral director B. R. Seaman, Supt

(b) Address Peculiar, Mo.

19. (a) Jan. 16, 1942 (b) Margaret Toller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cass

(c) City or town Rural "Peculiar, Mo."
(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 Jan. day 13
year 1942 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from Sept 11,
1941 to January 13, 1942;
that I last saw her alive on January 10, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death acute dilatation heart

Due to Chr. Myocarditis

Due to chronic arterial nephritis

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

Major findings: Of operations _____

Of autopsy 131a

Duration 3 weeks

PHYSICIAN _____
Underlines 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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Marion V. Robbins (M. D. or other) MD

Address Peculiar, Mo. Date signed 1/15/42

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.....

A. K. George
.....
Licensed Embalmer No. *3645*

P. O. Address *Grandview 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, above space should be left blank.