

26809

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 21 1942

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 225

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton City
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 1 Week
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

(c) City or town Rural -- Fulton
(If outside city or town limits, write "RURAL")

(d) Street No. 7 Mile East of Fulton
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ROY BYRD

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mary Frances Dye-Byrd

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased July 11 1901
(Month) (Day) (Year)

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

41 0 9 hr. min.

9. Birthplace Callaway County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Hospital Supervisor

11. Industry or business Missouri State Hosp. #1

12. Name Peter Louis Byrd

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

14. Maiden name Martha Ella Dudley

15. Birthplace Callaway County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Roy Byrd

(b) Address Dutton, Mo.

17. (a) Burial (b) Date thereof 7/21/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ebenezer-Fulton, Mo.

18. (a) Signature of funeral director Geo. S. Wallace

(b) Address Fulton Missouri

19. (a) 7-21-1942 (b) Jean M. ...
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20
year 1942 hour 6 minute 25 A.M.

21. I hereby certify that I attended the deceased from 12:10 1941, to 7:20 1942
that I last saw him alive on 7/19/42 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-vascular-renal disease with some hypertension.

Due to arterio-sclerosis.

Due to _____

Other conditions Hypothyroidism 2 months
(Include pregnancy within 6 months of death)

Major findings: Of operations 13/a

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? 0

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature Henry Dunt (M. D. or other) MD
Address Fulton, Mo Date signed 7/20/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

No. 2
-4-41
17-39
X26390

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. Boggs Jr.

Licensed Embalmer No. *3940*

P. O. Address *Fulton, Missouri*

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.