

FILED SEP 14 1942

Registration District No. 8-62-354

Primary Registration District No. 45-21-45-19

Registrar's No. 83

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

1. PLACE OF DEATH:

(a) County TEXAS
(b) City or town ABILENE
(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 3 1/2 mo years, months or days

3. (a) PRINT FULL NAME BRENDA MAE BYRD

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Jan 30 1942
(Month) (Day) (Year)

8. AGE: Years _____ Months 3 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Abilene MO O
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Ethmer pasca Byrd
13. Birthplace Texas co. mo. O
(City, town, or county) (State or foreign country)
14. Maiden name Ella Mae Stark
15. Birthplace Texas co. mo. O
(City, town, or county) (State or foreign country)

16. (a) Informant pasca Byrd
(b) Address Abilene

17. (a) BURIAL (b) Date thereof May 15 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Grove

18. (a) Signature of funeral director Gayland Williams
(b) Address Abilene mo

19. (a) May 15 42 (b) Max Fox Miller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County TEXAS 107
(c) City or town Abilene MO 1
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14
year 1942 hour _____ minute _____ P. M.

21. I hereby certify that I attended the deceased from May 14 1942 to May 14 1942
that I last saw her alive on May 14 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cholera Infantum 2 days

Due to _____
Due to _____
Other conditions Pre-uterine infect
(Include pregnancy within 3 months of death) 7 months pregnancy

Major findings: Of operations _____ Of autopsy 1196
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? _____

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

23. Signature H L Grank (M. D. or other) BO
Address Abilene mo Date signed 5/15/42

1239

RECEIVED

Health Officer No. 5,

File Number

942790

9-11-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.