

Registration District No. 217

Primary Registration District No. 3045

Registrar's No.

1. PLACE OF DEATH:

(a) County. MISSISSIPPI  
(b) City or town. CHARLESTON  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
508 N. MAIN - CITY 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. 48 YRS  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. MISSOURI (b) County. MISSISSIPPI  
(c) City or town. CHARLESTON  
(If outside city or town limits, write "RURAL")  
(d) Street No. 508 No. MAIN  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country. NONE

3. (a) PRINT FULL NAME. LUCY HUNTER BYRD

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife. JAMES L. BYRD 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased. MARCH 29, 1874  
(Month) (Day) (Year)

8. AGE: Years 68 Months 5 Days 27 If less than one day hr. min.

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

10. Usual occupation. HOUSE WIFE

11. Industry or business. AT HOME

12. Name. BENJAMIN F. HUNTER

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

14. Maiden name. NANCY E. BIRD

15. Birthplace. BIRDS POINT MO  
(City, town, or county) (State or foreign country)

16. (a) Informant. J. LANIER BYRD

(b) Address. CHARLESTON, MO

17. (a) BURIAL (b) Date thereof. 9-28-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. 1005 - CHARLESTON, MO

18. (a) Signature of funeral director. John F. ...  
(b) Address. Charleston Mo

19. (a) Sept 30-42 (b) A. G. ...  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER day 26<sup>TH</sup>  
year 1942 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from Sept 26 1942 to Sept 26 1942  
that I last saw her alive on Sept 20 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death. Apoplexy  
Due to. Hypertension  
Due to.

Other conditions. (Include pregnancy within 3 months of death) g3a

Major findings: Of operations. None  
Of autopsy. None

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. to. Char. Lanier (M. D. or other)  
Address. Charleston Mo Date signed 9/29/42

Duration

Instant

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1257

MAY 29 1944

JUN 7 1944

RECEIVED

District Health Office No. 2,

District File Number 1042-1272

Date Filed 10-6-42

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, and  
Joe R. Nunneler, Registered Apprentice No. 331  
working under my personal supervision.

Signed John F. Nunneler Jr  
Licensed Embalmer No. 3851  
P. O. Address Charleston 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, fact should be so stated above.