S. No. 2
1—9-4-41
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 2 1944

Registration District No. 3/3

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6266

State File No. 19394

Registrar's No.

1. PLACE OF DEATH:
(a) County Webster
(b) City or town Rural- High Prairie township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: x
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution x (Specify whether years, months or days)
In this community life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Webster
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. High Prairie Township
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Barbara Byrd
3. (b) If veteran, name war x
3. (c) Social Security No. x
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Rev. E. C. Byrd
6. (c) Age of husband or wife if alive x years
7. Birth date of deceased March - 31 - 1864 (Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days 26 If less than one day x hr. x min.

9. Birthplace Webster Co. Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home
MOTHER FATHER
12. Name Johnson McCormick
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Mahala George
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Johnsie George (son)
(b) Address Marshfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-28-44 (Month) (Day) (Year)
(c) Place: burial or cremation Liberty
18. (a) Signature of funeral director [illegible]
(b) Address Marshfield, Missouri
19. (a) May 26-44 (Date received by local registrar) (b) Charlotte Bruce (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26 year 1944 hour 8 minute 30 A.M.
21. I hereby certify that I attended the deceased from Sept. 3rd 1943 to May 26th 1944 that I last saw her alive on May 26th 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia — Duration
Due to Cerebral Hemorrhage
Due to Hypertension
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature E. J. Macauley (M. D. or other) D.O.
Address Marshfield Mo. Date signed May 26

1944 (Licensed Embalmer's Statement on Reverse Side)

JUN 2 1944

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 Lex Lemons

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.