

FILED DEC 7 1944
Registration District No. 16-1

Primary Registration District No. 5594

1. PLACE OF DEATH:

(a) County JEFFERSON
(b) City or town RURAL BYRNESVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: OWN HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community 60 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County JEFFERSON 50
(c) City or town BYRNESVILLE Mo RURAL 6
(If outside city or town limits, write "RURAL")
(d) Street No. (EUREKA Mo RR#1)
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME MARY ANN BYRNE

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

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced WIDOW 2
6. (b) Name of husband or wife D.H. BYRNE 6. (c) Age of husband or wife if alive 5 years
7. Birth date of deceased APRIL 5 1868
(Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 28 If less than one day hr. min.

9. Birthplace GERMANN Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business OWN HOME

MOTHER FATHER { 12. Name PATRICK LYONS
13. Birthplace IRELAND 4
(City, town, or county) (State or foreign country)
14. Maiden name MARY Unknown
15. Birthplace IRELAND 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Lyons

(b) Address Emery & R R #1

17. (a) BURIAL (b) Date thereof Nov-6-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls Hill C.M. BYRNESVILLE Mo

18. (a) Signature of funeral director John H. Brimmer

(b) Address Home Springs Mo

19. (a) 5 Nov 1944 (b) J. A. Poyner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Nov day 3rd
year 1944 hour 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from 10/11/44
1944, to 11/3/44, 1944;
that I last saw her alive on 11/3/44, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Cardio-vas. clear disease Duration 10 yrs.

Due to 930
Due to
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?

While at work? (Specify type of place) (e) Means of injury
23. Signature Frank Suck (M. D. or O. D.)
Address Stenton, Mo Date signed 4/5/44

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

000

+

W

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 12-4-44

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 _____

working under my personal supervision.

Registered Apprentice No. _____

Signed _____

Licensed Embalmer No. 1470

P. O. Address House Springs 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.