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Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 35

**FILED FEB 11 1946**

Registration District No. 316 Primary Registration District No. 6071

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
11901

1. PLACE OF DEATH:

(a) County St. Francois  
 (b) City or town Knoblick  
 (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 \_\_\_\_\_  
 In this community Forty Years  
 years, months or days

3. (a) PRINT FULL NAME Leeman Leo. Byington,  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W  
 6. (a) Single, widowed, married, divorced M.  
 6. (b) Name of husband or wife VIRGINIA O'Bannon  
 6. (c) Age of husband or wife if alive 39 years  
 7. Birth date of deceased Jan. 5 1907  
 (Month) (Day) (Year)

8. AGE: Years 44 Months \_\_\_\_\_ Days 21 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Ste. Genevieve, Co. Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
 12. Name J. C. Byington,  
 13. Birthplace Ste. Genevieve, Co. Mo.  
 14. Maiden name Margaret Binora Cunningham  
 15. Birthplace Bonneterre, Mo.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Ethel Haynes,  
 (b) Address Farmington, Mo.

17. (a) Burial (b) Date thereof Jan. 29/46  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation B. Woodman C. Farmington R.

18. (a) Signature of funeral director Cozean Funeral Home  
 (b) Address Farmington, Mo.

19. (a) Jan. 28, 1946 (b) Ethel Rudloff  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County St. Francois  
 (c) City or town Knoblick,  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5  
 year 1946 hour 7 minute 5 M.

21. I hereby certify that I attended the deceased from Jan 6 '46  
 to Jan 26 '46  
 that I last saw him alive on Jan. 26th  
 and that death occurred on the date and hour stated above.

Immediate cause of death Alcohol Poisoning  
 Duration (1 day)

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy 108

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 M. Stansfield (M. D. or other)  
 Date signed 1/27/46

RECEIVED

District Health Officer No. 4

District File Number 246-1712

Date Filed 2-8-46

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..... *C. H. Cozear*

Licensed Embalmer No. 4084

P. O. Address: Farmington, Me

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.