

No. 2
12-45
-17-39
X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42328

FILED DEC 31 1947

Registration District No. 206

Primary Registration District No. 2042

Registrar's No. 53

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Fredericktown
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
102 Loughborough
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community 65 years..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison 62
(c) City or town Fredericktown
(If outside city or town limits, write "RURAL")
(d) Street No. 102 Loughborough
(If rural, give location)
(e) Citizen of foreign country? NO..... (Yes or No) 0
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17
year 1947 hour 9 minute 30 A.M.
21. I hereby certify that I attended the deceased from
1 Dec 14, 1947, to Dec 17, 1947
that I last saw her alive on Dec 17, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration
Coronary occlusion 30 min
Due to Acute regurgitation 6 hrs.

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.

3. (a) PRINT FULL NAME Virginia Byas

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

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

6. (b) Name of husband or wife Tobe Byas 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased April 30, 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 65 7 17 hr. min.

9. Birthplace Mine La Motte Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business NONE

12. Name Louis Cooper

13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Jane Madison

15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (b) Informant TOBE BYAS
Address Fredericktown, Mo.

BURIAL (b) Date thereof 12-20-47
(Burial, cremation, or removal) (Month) (Day) (Year)

Place: burial or cremation Fredericktown, Mo.

Signature of funeral director Sam Tajim Jr.
Address Fredericktown, Mo.

19. (a) 12-20-1947 (b) Florence Nicks
(Date received local registrar) (Registrar's signature)

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 E. W. Delaney (M. D. or other) NO.
Address Fredericktown, Mo. Date signed 12/20/47

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

copy by staff
H.S. 12/20/47

FEB 27 1948

FEB 27 1948

RECEIVED

Health Officer No. 4
File Number 12-47-16
Date Filed 12-30-47

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 *Sam Sajim, Jr.*

Licensed Embalmer No. 4299

P. O. Address *Fredericktown, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply will constitute grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

8-101

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Madison } SS.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No.

On this 21st day of February, 1948, before me appears.....

Johi Byas, who, upon his oath, states that the original record of birth death
for Virginia Byas died 12/17, 1947, in the State of
Missouri, and which was filed at Fredricktown, Mo on 10/20, 1947, should be corrected as follows:

Item No. 7 should read April 30, 1884

Instead of April 30, 1882

Item No. 8 should read 63 years, 7 months, and 17 days

Instead of 65 years, 7 months, and 17 days

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Johi Byas Husband
Relationship.

102 Longboro. Fredricktown
Present Address.

Subscribed and sworn to before me this 20 day of Feb, 1948.

My Commission expires 12/31-1958 Walter C. McFarland Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

42328