

S. No. 2
DM-5-43
5-17-39
I X36671

FILED APR 8 1948

Registration District No. 187

Primary Registration District No. 5422

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Remick - Rural
(c) Name of hospital or institution: 2-Mi - N.W.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community 45 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Ellen W. Byrd

3. (b) If veteran, name war no 3. (c) Social Security No. None
4. Sex F 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan - 15 - 1893 -
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 2 10 hr. min.

9. Birthplace Unknown Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Unknown 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Agnes Byrd
(b) Address Remick, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26-48
(Month) (Day) (Year)

(c) Place: burial or cremation Remick, Mo

18. (a) Signature of funeral director Paul Johnson

(b) Address Remick, Mo

19. (a) 3-30-1948 (Date received local registrar) (b) End Husband (Registrar's signature) 20

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin
(c) City or town Remick - Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 2-Mi - N.W. (If rural, give location) 35
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1948 hour 8 minute 30 a M.

21. I hereby certify that I attended the deceased from March 21st to March 25th, 1948, that I last saw her alive on March 24th, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 20 hrs.
Due to Gland. Carcinoma (approx. 1 yr.)

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 46B
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) (b) Means of injury 20

23. Signature Allen H. Christian D. or other D.O.
Address 603 First Street Date signed 3/25/48

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

35
00

RECEIVED

District Health Office No. 2,

District File Number 448-421

Date Filed 4-2-48

JUN 10 1953

APR 8 1948

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.....

Licensed Embalmer No.....

P. O. Address.....

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.