

No. 300  
10-47  
5-17-39  
PI 3906

FILED NOV 23 1948  
Registration District No. **188**

Primary Registration District No. **5693**

Registrar's No. **148**

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

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Dawn  
(If outside city or town limits, write "RURAL" and name of township) Blue Mt. Sup

(c) Name of hospital or institution:  
1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days) 8 years

In this community \_\_\_\_\_ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston **59**

(c) City or town Dawn  
(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 \_\_\_\_\_

3: (a) PRINT FULL NAME Roy Oliver Byrd

3. (b) If veteran, name war World War I

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Okie Ethel Smith

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased February 12 1889  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

59	8	23	hr. min.
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9. Birthplace Chillicothe, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

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

MOTHER FATHER

12. Name Paul Byrd

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

14. Maiden name Catherine Gibbs

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

16. (a) Informant Mrs. Roy O. Byrd

(b) Address Dawn, Missouri

17. (a) Burial (b) Date thereof 11-8-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Welch Cemetery

18. (a) Signature of funeral director Norman Funeral Home

(b) Address Chillicothe, Missouri

19. (a) Nov 5-48 (b) Frances B. Neill  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 4th  
year 1948 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from Nov 4  
\_\_\_\_\_, 1948, to Nov 4, 1948.

that I last saw him alive on Nov 4, 1948,  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Duration \_\_\_\_\_

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

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_

While at work \_\_\_\_\_ (e) Means of injury 0

23. Signature Joseph F. Hale (M. D. or other) \_\_\_\_\_  
Address Chillicothe, Mo. Date signed 11-5-48

MAY 24 1949

DISTRICT HEALTH OFFICE  
Cameron, Mo.

DEC 2 1951

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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 Estes J. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri

**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.**