

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED MAY 14 1948

Registration District No. 221

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4332

State File No. 13422

Registrar's No. 23

1. PLACE OF DEATH:

(a) County MONITEAU  
(b) City or town LUPUS  
(If outside city or town limits, write "RURAL" and name of township)  
(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 (Specify whether

In this community  
years, months or days)

3. (a) PRINCE & POTTER BYZENDINE  
FULL NAME

3. (b) If veteran, name war 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 EMMA BYZENDINE 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased 12 5 1881  
(Month) (Day) (Year)

8. AGE: Years 66 Months 4 Days 26 If less than one day hr. min.

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

10. Usual occupation FARMING

11. Industry or business

12. Name Wm BYZENDINE

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

14. Maiden name ELIZA MARCH

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

16. (a) Informant Carl Brizendine

(b) Address Lupus Mo

17. (a) BURIAL (b) Date thereof 5-3-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation UNION CEM.

18. (a) Signature of funeral director G. ALBERT HORNBECK

(b) Address FAIRIE HOME MO

19. (a) MAY 5 1948 (b) Edna M. Snow  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONITEAU  
(c) City or town LUPUS MO.  
(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 5 day 12  
year 1948 hour 10 minute 5 A.M.

21. I hereby certify that I attended the deceased from Jan 3  
1948 to May 1 1948  
that I last saw him alive on April 29 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death tuberculosis of lungs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 13B

Of autopsy

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) (c) Means of injury 210

23. Signature Edna M. Snow (M. Doctor or other)

Address California, Mo Date signed 5/3/48

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed MAY 13 1948

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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 *Ed. Albert Hornbeck*

Licensed Embalmer No. *2714*

P. O. Address *Prairie Home, 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.