

U. S. No. 2
OM-9-4-41
Rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41771

FILED JAN - 7 1942

Registration District No. _____

Primary Registration District No. 3059

Registrar's No. 64

1. PLACE OF DEATH

(a) County St. Francois
(b) City or town Bonne Terre
(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: 1 week (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Farmington
(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 Henry Lafayette Byington

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or face W 6. (a) Single, widowed, married Divorced, Widowed
6. (b) Name of husband or wife Arlette Harris 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 15 7
(Month) (Day) (Year)

8. AGE: Years about 83 Months ? Days ? If less than one day _____ hr. _____ min.

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

10. Usual occupation Worked at National Lead Co

11. Industry or business _____

12. Name Mr Byington

13. Birthplace St. Genevieve Co, MO (City, town, or county) (State or foreign country)

14. Maiden name Arlette Harris

15. Birthplace St. Francois Co MO (City, town, or county) (State or foreign country)

16. (a) Informant Lee Byington

(b) Address 7940 Weather Rd, St Louis Mo

17. (a) Burial (b) Date thereof Dec. 8, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masson Farmington, MO

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

(b) Address Farmington, MO

19. (a) Dec. 8, 1942 (b) B. J. D. Blummaster
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6th
year 1942 hour _____ minute ? M.

21. I hereby certify that I attended the deceased By inquests duties
that I certified alive or _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to unknown

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: P3a
Of operations _____

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? _____

(Specify type of place) While at work? _____ (e) Mean of injury _____

23. Signature J. P. McDaniel Address Bonne Terre MO Date signed 2-6-42

Duration
Physician
Underline the cause to which death should be charged statistically.

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

94
2
1

RECEIVED

District Health Officer No. 4

District File Number 143-15-20

Date Filed 1-5-42.

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. Cozart

Licensed Embalmer No. 4084

P. O. Address Farmington, 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.