

**FILED FEB 11 1946**

Registration District No. 316

Primary Registration District No. 6071

Registrar's No. 35

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Knoblick  
(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 Forty Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County St. Francois  
(c) City or town Knoblick  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Leeman Leo. Byington,

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

4. Sex M 5. Color or race W  
6. (b) Name of husband or wife VIRGINIA O'Bannon  
7. Birth date of deceased Jan. 5 1902

8. AGE: Years 44 Months 21 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Laborer

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

12. Name J. C. Byington,  
13. Birthplace Ste. Genevieve, Co. Mo.  
14. Maiden name Martha Elvora Cummings  
15. Birthplace Bonneterre, Mo.

16. (a) Informant Ethel Haynes,  
(b) Address Farmington, Mo.

17. (a) Burial (b) Date thereof Jan. 29/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation B. Woodman C. Farmington R.

18. (a) Signature of funeral director Cozean Funeral Home  
(b) Address Farmington, Mo.

19. (a) Jan. 28, 1946 (b) Ethel Rusloff  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5<sup>th</sup>  
year 1946 hour 7 minute 5 M.

21. I hereby certify that I attended the deceased from Jan 6<sup>th</sup>  
1946 to Jan 7<sup>th</sup>, 1946  
that I last saw him alive on Jan. 26<sup>th</sup>, 1946  
and that death occurred on the date and hour stated above.  
Immediate cause of death Cholera Pneumonia

Duration  
1 day

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

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_  
Of autopsy 168

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? \_\_\_\_\_  
(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 \_\_\_\_\_

23. Signature M. Stanley (M. D. or other) DO  
Address Farmington, Mo. Date signed 4/7/46

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

11901

94

0

0

259

RECEIVED

District Health Officer No. 4

District File Number 246-1212

Date Filed 2-8-46

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. Cozian*

Licensed Embalmer No. 4084

P. O. Address: Farmington, Me

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.