No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 12 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15702

Registration District No. 773 Primary Registration District No. 4464 Registrar's No. 63

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NO
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 30 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Francois
(c) City or town Farmington Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Mr College Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Ellis Byington
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Cora Davis Byington
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 18, (Day) 1874 (Year)

8. AGE: Years	Months	Days	If less than one day
66	11	4	hr. min.

9. Birthplace St. Francois Co., Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Street Cleaner
11. Industry or business
FATHER 12. Name Ephraim Byington
13. Birthplace Missouri (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Mathilda Tennessee Richardson
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Foster Byington
(b) Address Farmington, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-24-41 (Month) (Day) (Year)
(c) Place: burial or cremation K of P.
18. (a) Signature of funeral director Neidert Fun. Home
(b) Address Farmington, Mo.
19. (a) Apr 24-41 (Date received local registrar) (b) W. J. Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
year 41 hour 4:30 P.M. minute M.
21. I hereby certify that I attended the deceased from Apr 20 19 41, to Apr 22 19 41;
that I last saw him alive on Apr 20 19 41
and that death occurred on the date and hour stated above.

Duration
Immediate cause of death, Apparently Coma
Heart Coagulation
N M D
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
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
23. Signature [illegible] (M. D. or other)
Address Farmington Mo Date signed 4-23-41

(Licensed Embalmer's Statement on Reverse Side)

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 Bert J. Miller

Licensed Embalmer No: 3752

P. O. Address Farmington, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.