

**FILED DEC 12 1945**

Registration District No. **316**

Primary Registration District No. **3059**

Registrar's No. **238**

**1. PLACE OF DEATH:**  
 (a) County St. Francois  
 (b) City or town Bonne Terre, Missouri  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution Bonne Terre Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution about three weeks  
 (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo (b) County St. Francois  
 (c) City or town Bonne Terre, Mo.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Mr. Roy Raymond Byington  
**3. (b) If veteran, name war** \_\_\_\_\_ **3. (c) Social Security No.** 190-03-1547

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Nov. day 25  
 year 1945 hour 9 minute 30 A.M.  
**21. I hereby certify that I attended the deceased from** May 3  
1945, to Nov. 25 1945  
 that I last saw him alive on Nov. 25 1945  
 and that death occurred on the date and hour stated above.

**4. Sex** Male **5. Color or race** White  
**6. (a) Single, widowed, married, divorced** Married  
**6. (b) Name of husband or wife** Florence Murray Byington  
**6. (c) Age of husband or wife if alive** 47 years  
**7. Birth date of deceased** April 11 1897  
 (Month) (Day) (Year)

Immediate cause of death Coronary heart disease  
 Duration 2-3 weeks

**8. AGE:**  
 Years 48 Months 7 Days 14  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

**9. Birthplace** Farmington, Mo. R. 210 No. 4  
 (City, town or county) (State or foreign country)

Other conditions Valvular heart disease  
 (Include pregnancy within 3 months of death) 7-8 yrs  
Hypertension

**10. Usual occupation** worker for St. Joe Lead Co  
**11. Industry or business** Bonne Terre, Mo.

Major findings: Hypertension  
 Of operations \_\_\_\_\_  
 Of autopsy 940  
 Underline the cause to which death should be charged statistically.

**12. Name** Mr. Louis E. Byington  
**13. Birthplace** St. Francois County, Mo.  
 (City, town, or county) (State or foreign country)  
**14. Maiden name** Rebecca M. Byington  
**15. Birthplace** St. Francois Co. Mo.  
 (City, town, or county) (State or foreign country)

**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)  
 Means of injury \_\_\_\_\_

**16. (a) Informant** Mrs. Florence Murray Byington  
 (b) Address Bonne Terre, Mo.  
**17. (a) Burial (b) Date thereof Nov. 30 1945  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Pyral cemetery, R. 210 West**

**23. Signature** W. J. New, Jr. (M. D.) 144  
 Address Bonne Terre, Mo. Date signed 11/25/45

**18. (a) Signature of funeral director** Alvin W. Wood  
 (b) Address 303 Craig St. St. Francois, Mo.  
**19. (a) 12-3-45** (b) Ether R. Rudloff  
 (Date received local registrar) (Registrar's signature)

12-3-45/391

(Licensed Embalmer's Statement on Reverse Side)

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

74  
2  
1

4  
District Health Officer No. ....  
District File Number 124S-1432  
Date Filed 12-10-45

FEB 18 1946

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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 Alvin W. Hood.....

Licensed Embalmer No. 2780.....

P. O. Address 303 Crow St. Flat River, 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.