

p. 2
13-40
7-39
X23159

RECEIVED OCT 14 1941

Registration District No. **773**

Primary Registration District No. **4464**

Registrar's No. **136**

1. PLACE OF DEATH: **St. Francis.**
 (a) County **St. Francis**
 (b) City or town **FARMINGTON Mo.**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **#215 West Liberty.**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1**
 In this community **Her life spent here.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **St. Francis**
 (c) City or town **Farmington** **094**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **215th Liberty** **!**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULL NAME **M. TILDA DIDAME BYINGTON.**

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

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years

7. Birth date of deceased **4 19 1867**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	5	8	hr. min.

9. Birthplace **St. Francis Co. Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housekeeper.**

11. Industry or business

12. Name **EPHRAIM BYINGTON**

13. Birthplace **Missouri. 0**
(City, town, or county) (State or foreign country)

14. Maiden name **Tennessee Richardson**

15. Birthplace **Tennessee 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Foster Byington**
(b) Address **FARMINGTON MO.**

17. (a) **Burial** (b) Date thereof **Sept 29-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Masonic Cem. Farmington**

18. (a) Signature of funeral director **Chas. Richardson.**
(b) Address **Farmington MO.**

19. (a) **Sept 29-41** (b) **B. B. Robinson**
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **9** day **27**
 year **1941** hour **10** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **9-27 1941** to **9-27 1941**
 that I last saw **her** alive on **9-27 1941**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage (Apoplexy)**

Due to **She lived 20 min after I got in the house**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **430**
 Of autopsy

Duration
 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?

While at work (Specify type of place) (e) Means of injury

23. Signature **C. Appleberry** (M. D. or other)
Address **Farmington** Date signed **9-27-41**

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

441

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.....

Chas Richardson

Licensed Embalmer No. *3167*

P. O. Address. *Flemington 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.