

Registration District No. **773**

Primary Registration District No. **6018A**

Registrar's No. **187**

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

1. PLACE OF DEATH

(a) County **St. Francois**  
(b) City or town **Farmington Mo. - St. Francois**  
(If outside city or town limits, write "RURAL" and name of township)  
(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 **Eleven years** - 2 years, months or days

3. (a) PRINT FULL NAME **Noah Byington**

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

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

6. (b) Name of husband or wife **Rebecca Cunningham Byington** 6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased **Feb. 25 1882**  
(Month) (Day) (Year)

8. AGE: Years **58** Months **8** Days **29** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation **Farming**

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

MOTHER FATHER { 12. Name **James Byington** \_\_\_\_\_

13. Birthplace **St. Genevieve Mo** \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name **De Witt Deal** \_\_\_\_\_

15. Birthplace **Mo.** \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Rebecca Byington**

(b) Address **702 Farmington**

17. (a) **Burial** (b) Date thereof **11 6 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Methodist Church Farmington Mo**

18. (a) Signature of funeral director **Farmington and Co**

(b) Address **Farmington**

19. (a) **Nov 6 1940** (b) **B. Robinson**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Francois**

(c) City or town **Rural St. Francois Twp.**  
(If outside city or town limit: write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **4<sup>th</sup>**  
year **1940** hour **5** minute **55 P.M.**

21. I hereby certify that I attended the deceased from **Sept 16 1940** to **Nov 3 1940**  
that I last saw him alive on **Nov 3 1940**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Neck**

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

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? **601A**

While at work? \_\_\_\_\_ (Specify type of place)

(b) Means of injury \_\_\_\_\_

23. Signature **B. Robinson** (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed \_\_\_\_\_

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 \_\_\_\_\_

*me*

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*C. H. Cozart*

Licensed Embalmer No. \_\_\_\_\_

*4084*

P. O. Address \_\_\_\_\_

*Farmington*

**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, above space should be left blank.