

Registration District No. 395

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution 2924 Prospect  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Edwin D. Byers

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Ma 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marv A. Byers 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Feb. 26 1867  
(Month) (Day) (Year)

8. AGE: Years 74 Months 0 Days 20  
If less than one day hr. min.

9. Birthplace Ottawa County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Salesman

11. Industry or business

12. Name Bolivar Byers

13. Birthplace Cook County Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Rea

15. Birthplace Andrew County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary A. Byers

(b) Address 2924 Prospect

17. (a) Removal (b) Date thereof 3-19-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonner Springs, Ks.

18. (a) Signature of funeral director M. Wagner  
(b) Address Kansas City, Mo.

19. (a) 3/17/41 (b) M. M. Growe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL.")  
(d) Street No. 2924 Prospect  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 16  
year 1941 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 1940 to March 16 1941  
that I last saw him alive on March 13 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Pneumonia  
Duration 2 days

Due to Arteriosclerotic Cardiovascular disease

Due to AIN

Other conditions ASTA  
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of 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?

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

23. Signature E. L. Byers (M. D. or other) M.D.  
Address 1103 Broadway, R.C. Mo. Date signed 3/17/41

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

MOTHER FATHER

18

48  
3  
8

6

**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 *D. R. Hauschell*

Licensed Embalmer No. *4159*

P. O. Address *K. C. 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.**