

FILED MAR 9 1942  
Registration District No. 349

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City,

(c) Name of hospital or institution: Research Hospital, 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 hours, (Specify whether years, months or days)

In this community 54 years,

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson, 48

(c) City or town Kansas City,  
(If outside city or town limits, write "RURAL")

(d) Street No. 6921 Brookside Blvd.,  
(If rural, give location)

(e) Citizen of foreign country? X (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME Charles Clinton Byers,

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

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

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

7. Birth date of deceased May 13 1887  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
54 8 18 hr. min.

9. Birthplace Missouri, (City, town, or county) (State or foreign country)

10. Usual occupation Lawyer,

11. Industry or business law,

MOTHER FATHER { 12. Name Charles C. Byers,

{ 13. Birthplace (City, town, or county) (State or foreign country)

{ 14. Maiden name

{ 15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Louise Byers,

(b) Address 6921 Brookside, Kansas City, Mo.

17. (a) Burial, (b) Date thereof 2-3-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery,

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 2-2-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 1st,  
year 1942 hour 1:00 minute P. M.

21. I hereby certify that I attended the deceased from July 1938 to Feb 1 1942  
that I last saw him alive on Feb 1 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Embolic Myocardial Infarction 2 hrs

Due to Essential Hypertension 4 1/2 yrs

Due to 830

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ..... Of autopsy .....

Duration  
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 Robert H. G. ... (M. D. or other)

Address 820 ... Date signed 2/1/42

Mr. McElamham  
Prof. Booby  
11/30 AM  
870

**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 Felix Rex  
Licensed Embalmer No. D H 127  
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.