

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

39593

FILED JAN 11 1943 STANDARD CERTIFICATE OF DEATH

State File No. 4907

Registration District No. 199

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution General Hospital No. 20
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12-29-42-12-30-42
(Specify whether
In this community 3 months
years, months or days)

3. (a) PRINT FULL NAME ALONZO BYRD

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive 12 years
7. Birth date of deceased April 1892
(Month) (Day) (Year)

8. AGE: Years 50 Months 8 Days 18 If less than one day
hr. min.

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

10. Usual occupation Common Laborer

11. Industry or business

12. Name John Byrd
13. Birthplace Pettis County, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Gertrude May
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Ozelle Whitley
(b) Address 1016 E. 14th

17. (a) removal (b) Date thereof 12-30-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia, Mo.

18. (a) Signature of funeral director Atkins Bros

(b) Address 1729 Lydia

19. (a) Dec. 30, 1942 (b) M. M. Brown
(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. 1918 Troost
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30
year 1942 hour 4 minute 20 a.m.

21. I hereby certify that I attended the deceased from December 29, 1942 to December 30, 1942
that I last saw him alive on December 30, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration

Due to 13 B1
Due to

Other conditions (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

23. Signature J. C. Brown (M. D. or other)
Address Gen. Hosp #2-600822 Date signed 12-30-42

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

FEB 5 1943

JAN 19 1943

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 _____

Licensed Embalmer No. 2172

P. O. Address Sedalia

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.