

FILED FEB 10 1943

Registration District No. 179

Primary Registration District No. 1002

Registrar's No. 399

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:  
3653 Summit Street /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 60 Years (Specify whether years, months or days)

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. 3653 Summit Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Maude Townsend Byars  
3. (b) If veteran, name war No  
3. (c) Social Security No. None

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband Mr. Byars, Sr. 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased November 3 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 2 21 hr. min.

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

10. Usual occupation Housewife

11. Industry or business --

12. Name Hiram G. Townsend

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

14. Maiden name Mary Jones

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

16. (a) Informant Mr. W. L. Byars, Sr.  
(b) Address 3653 Summit Street

17. (a) Burial Burial (b) Date thereof Jan. 26, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial Mt. Washington Cemetery

18. (a) Signature of funeral director O. W. Newcomer, Sons  
(b) Address 1401 Brush Creek Blvd.

19. (a) 1-26-43 (b) M. H. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24th  
year 1943 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from Oct. 26, 1934, to January 23, 1943;  
that I last saw her alive on Jan 23, 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death Melanoblastic carcinoma  
Due to from ca of breast

Due to 50

Other conditions (Include pregnancy within 3 months of death)

Major findings: ca of breast  
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?

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

23. Signature Hiram G. Townsend (M. D. or other)  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

MOTHER FATHER

Professional Body

---

---

**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..... *C. Hervey Dinschubert* .....

Licensed Embalmer No..... *4070* .....

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.**