

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 30 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

998

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 270

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. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1-13-43-1-17-43
(Specify whether years, months or days) 69 years

3. (a) PRINT FULL NAME NETTIE BYRD
3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife William Byrd
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased February 8 1872
(Month) (Day) (Year)

8. AGE: Years 70 Months 11 Days 6
If less than one day hr. min.

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

10. Usual occupation unemployed

11. Industry or business
12. Name Elic Pennington
13. Birthplace Quindaro Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Liza Endicott
15. Birthplace Quindaro Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
(b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof 1-22-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Quindaro K-C.R.
(d) Signature of funeral director J. H. Jones

(b) Address 440 State Ave. K.C.R.

19. (a) 1-19-43 (b) H. H. 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. 1003 Harrison
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 17
year 1943 hour 7:10 minute a. m.

21. I hereby certify that I attended the deceased from January 13 1943 to January 17 1943
that I last saw her alive on January 17 1943
and that death occurred on the date and hour stated above.
Immediate cause of death Uremia

Due to Chronic Arteriosclerotic nephritis

Due to 13/a

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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? no (Specify type of place) Means of injury

23. Signature G. A. Linder (M. D. or other)
Address Gen. Hosp. #2-600 E. 22 Date signed 1-19-43

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

MOTHER FATHER

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.....

Eugene English

Licensed Embalmer No. *14105*

P. O. Address *440 State ave. N.C.*

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.