

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 5 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 765

Registration District No. 147

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kan Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3039 East 7th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 46 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Ella Johnson Byrd

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

4. Sex Fe. 5. Color or race Wh. 6. (a) Single, widowed, married, 2 divorced Widow
6. (b) Name of husband or wife Oliver W. Byrd 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 14, 1856
(Month) (Day) (Year)

8. AGE: Years 86 Months 4 Days 29 If less than one day hr. _____ min.

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

10. Usual occupation none

11. Industry or business At home

12. Name Henry Johns on

13. Birthplace Indiana
(State or foreign country)

14. Maiden name Margaret Stover

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

16. (a) Informant Gleam W. Byrd

(b) Address 6811 Brookside Road

17. (a) (Burial, cremation, or removal) Removal (b) Date thereof 2-15-1943
(Month) (Day) (Year)

(c) Place: burial or cremation Wellsville Kansas

18. (a) Signature of funeral director C.H. Blackman & Son, Inc.
(b) Address Kansas City, Mo.

19. (a) 2/14/43 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3039 East 7th
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13
year 1943 hour 1 minute 15 A M.

21. I hereby certify that I attended the deceased from 2-1-43 to 19 that I last saw her alive on 2-12-43 and that death occurred on the date and hour stated above.
Immediate cause of death Arterial sclerosis
heart disease

Due to 935

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 Robert W. Myers (M. D. or other) M.D.
Address 1025 Quail Ridge Date signed 2-14-43

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

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

working under my personal supervision.

Registered Apprentice No.

Signed

Licensed Embalmer No.

P. O. Address

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, above space should be left blank.