. S. No. 2
OM—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16853

FILED JUN 7 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2191

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: 1003 Harrison
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 3 years (years, months or days)

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. 1003 Harrison
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME William H. ~~Byrd~~ Bird

3. (b) If veteran, name war no

3. (c) Social Security No. 493-12-2729A

4. Sex male

5. Color or race negro

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years 81 | Months — | Days — | If less than one day ..... hr. ..... min.

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

10. Usual occupation Porter

11. Industry or business Hoover Bros. School Supplies

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Maude Johnson

(b) Address 2530 Woodland ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-12-43 (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cem.

18. (a) Signature of funeral director Mrs. J. W. Jones

(b) Address 440 State Ave.

19. (a) 5-12-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 9 year 1943 hour 5 minute 25 P.M.

21. I hereby certify that I attended the deceased from 5/9/43, 19..., to 5/9/43, 19...; that I last saw him alive on 5/9/43, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart Disease

Due to In the course of cardiac degeneration

Due to .....

Other conditions Chr. Interstitial Nephritis (Include pregnancy within 3 months of death) duration undetermined

Major findings:
Of operations .....
Of autopsy No

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? ..... (Specify type of place)

While at work? no (e) Means of injury no

23. Signature L. V. Meller (M. D. or other)

Address 1203 Pine Date signed 5/11/43

(Licensed Embalmer's Statement on Reverse Side)

V. Miller

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. 4405

P. O. Address 440 State Ave. K. 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Jackson }

State File No. 1162 53-43
Local Registrar's No. 2194

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 15th day of March, 1948, before me appears Helene Ballard, who, upon her oath, states that the original record of ~~birth~~ death for William H. Byrd died ~~born~~ May 9, 1943, in the State of Missouri, and which was filed at Kansas City on 5-12, 1943, should be corrected as follows:

Item No. 3 should read William H. Bird
Instead of " " Byrd

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and ~~belief~~.

(SEAL)

Affiant Mrs Helene Ballard
Relationship.

1003 Harrison Niece
Present Address.

Subscribed and sworn to before me this 15 day of March, 1948.

My Commission expires Oct. 21, 1951 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I X36667