

LED JUL 8 1948
 Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2774

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:
923 West 32nd
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community 55 years
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. 923 West 32nd
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MICHAEL C BYRNE
 (b) If veteran, name war No (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 20th day June
 year 1943 hour 3:30 minute A M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Margaret L Byrne
 6. (c) Age of husband or wife if alive 74 years

21. I hereby certify that I attended the deceased from June 1 1943 to June 20 1943
 (that I last saw him alive on June 19 1943
 and that death occurred on the date and hour stated above.

7. Birth date of deceased Oct 11 1865
(Month) (Day) (Year)
 8. AGE: Years 77 Months 8 Days 9
 If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral Hemorrhage

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

Due to arterio-sclerosis

10. Usual occupation Retired--Cashier

Due to Hypertension

11. Industry or business K. C. Water Dept

Other conditions —
(Include pregnancy within 3 months of death)

MOTHER FATHER
 12. Name Patrick Byrne
 13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)
 14. Maiden name Julia Driscoll
 15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

Major findings: —
 Of operations —

Of autopsy —
 PHYSICIAN —
 Underline the cause to which death should be charged statistically.

16. (a) Informant Joseph P. Byrne
 (b) Address 3208 Broadway
 17. (a) Burial (b) Date thereof 6/22/43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery

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 _____

18. (a) Signature of funeral director Burk + Polin
 (b) Address 20 West Linwood
 19. (a) 6-21-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

23. Signature James Waller (M. D. or other) —
 Address 1424 prop Alf Date signed 6-21-43

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Charles M. Zurek*

Licensed Embalmer No. *3774*

P. O. Address *K. O. 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.