

FILED AUG 7 1943

Primary Registration District No. **3008**

Registrar's No. **206**

14  
2  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Collaway**

(b) City or town **Frederick**

(c) Name of hospital or institution: **State Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 1/2 days**  
(Specify whether)

In this community **2 1/2** years, months or days

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. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Quinton Byrd**

3. (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **3**  
year **1943** hour **10** minute **15** P. M.

21. I hereby certify that I attended the deceased from **11-20-1942** to **7-3-1943**  
that I last saw **him** alive on **7-2-** and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or face **Brown**

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Feb 2nd 1948**  
(Month) (Day) (Year)

Immediate cause of death **Pulmonary Tuberculosis**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions. (Include pregnancy within 3 months of death) **13lb!**

8. AGE: Years **25** Months **5** Days **7** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Kansas City** (City, town, or county) (State or foreign country) **0**

10. Usual occupation **none**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **Quinton Byrd**

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) **9**

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) **7**

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: Of operations \_\_\_\_\_

Of autopsy **Tubercular Hepatitis Tubercular Splenitis**

16. (a) Informant **Record**

(b) Address \_\_\_\_\_

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **July 9-43**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Kansas City, Mo**

18. (a) Signature of funeral director **Marvin Brown**

(b) Address **1729 Lydia Ave. Kansas City, Mo**

19. (a) **July 7 1943** (Date received local registrar) (b) **Joan Mansueti** (Registrar's signature)

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 **T. E. Stumm** (M. D. or other) \_\_\_\_\_  
Address **Frederick, Mo** Date signed **7/7/43**

**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.....

*Eli Bell*

Licensed Embalmer No. *2130*

P. O. Address *Fulton, 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.**