

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

FILED NOV 1 1943

Registration District No. **149** Primary Registration District No. **1002**

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:
131 E. 146th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **30 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. **131 East 46th Street**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Hugh S. Byrkit**
(b) If veteran, name war **No** (c) Social Security No. **494-12-8745**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **October** day **15th**
year **1943** hour _____ minute _____ M.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Married**
6. (b) Name of husband or wife **Helen McDonald Byrkit** 6. (c) Age of husband or wife if alive **65** years
7. Birth date of deceased **July 30 1871**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **10/12/43** to **10/15/43**
that I last saw him alive on **10/12** and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
72 **2** **15** hr. _____ min.

Immediate cause of death **Mitral - re - Quinquequation**
Due to **Myocardial de - generation**
Due to **92b**
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace **Indianapolis Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Treasure**

11. Industry or business **Western Millers Mutual Fire Ins. Co.**
12. Name **David Y. Byrkit**
13. Birthplace **Dont Know**
(City, town, or county) (State or foreign country)
14. Maiden name **Anna M. Johnson**
15. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.
Major findings:
Of operations _____
Of autopsy _____

16. (a) Informant **Mrs. Helen McDonald Byrkit**
(b) Address **131 East 46th Street**
17. (a) **Burial** (b) Date thereof **10/18/43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mt. Moriah**

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 **Freeman Mortuary**
(b) Address **Kansas City Mo.**
19. (a) **10-18-43** (b) **D. E. Brown**
(Date received local burial) (Registrar's signature)

23. Signature **D. E. Brown** (M.D. or other) **NO.**
Address **3937 Main** Date signed **10/15/43**

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 Walter H. Bruen
Licensed Embalmer No. 43521
P. O. Address Kansas City, 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.