

FILED JAN 19 1943

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 5706

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:  
General Hospital No. 2  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 10-11-43-12-25-43  
(Specify whether  
 In this community Unknown  
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. 711 Locust  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ALONZO BYRD  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. No

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month December day 25  
 year 1943 hour 1:05 minute A. M.  
 21. I hereby certify that I attended the deceased from October 11  
1943 to December 25 1943  
 that I last saw him alive on December 25 1943  
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Negro  
 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: July 27 1879  
(Month) (Day) (Year)

Immediate cause of death Septicemia  
 Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
64 4 29 hr. min.

Due to Urinary Fistula  
 Due to \_\_\_\_\_

9. Birthplace Monroe La.  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Unemployed

Other conditions (Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
 12. Name Sandy Byrd  
 13. Birthplace La.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Mary Johnson  
 15. Birthplace Jackson Texas  
(City, town, or county) (State or foreign country)  
 16. (a) Informant Record Clerk  
 (b) Address General Hospital No. 2

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

17. (a) Burial (b) Date thereof Dec 31, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Wineola Cem  
 18. (a) Signature of funeral director Adkins Bros.  
 (b) Address 2000 E. 12th St. N.C. Mo.  
 19. (a) Dec 31, 1943 (b) J.B. Brown  
(Date received local registrar) (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?  
(Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 23. Signature J. C. Brown (M. D. or other)  
 Address Sen. Page #2 600622 Date signed 1/2/43

COPYING 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.....

*A. R. Moore*

Licensed Embalmer No. *948*

P. O. Address.....

*Kansas City Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**