

FILED JAN 19 1944

Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 5707

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: 5331 Highland-Little Sisters of Poor  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 mo. (Specify whether  
In this community 9 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 5331 Highland  
(If outside city or town limits, write "RURAL")  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ANNA BYRNE

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, Divorced Widow

6. (b) Name of husband or wife No Record 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 13, 1865  
(Month) (Day) (Year)

8. AGE: Years 78 Months 0 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace No Record (City, town, or county) (State or foreign country) 9

10. Usual occupation: None

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

12. Name Michael Moorland

13. Birthplace No Record (City, town, or county) (State or foreign country) 9

14. Maiden name Helen Doran

15. Birthplace No Record (City, town, or county) (State or foreign country) 9

16. (a) Informant Sister St. Phil

(b) Address 5331 Highland Ave

17. (a) Burial (b) Date thereof 1/9/1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Durk and Dolan

(b) Address 20 West Linwood Blvd

19. (a) Dec 31, 1943 J. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31st  
year 1943 hour 4: minute 00 A.M.

21. I hereby certify that I attended the deceased from Nov. 30 1943 to Dec. 31st 1943  
that I last saw her alive on December 28th 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Broncho Pneumonia Duration 2 da/

Due to Generalized Arterio sclerosis years

Due to Senility 97

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature John T. Shuman M.D.  
Address 1404 Bryant Bldg. Date signed 12/31-

MAKING A PERMANENT RECORD

MOTHER FATHER

**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. Turk

Licensed Embalmer No. 3774

P. O. Address Kansas City 7

**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.**