

FILED MAR 18 1946

Registration District No. 149

Primary Registration District No. 1002

9310

1148

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. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mos. 7 days
(Specify whether
In this community 25 years
years, months or days)

3. (a) PRINT FULL NAME Edith Stiner Byrd

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Chas. R. Byrd 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Feb-7-1895
(Month) (Day) (Year)

8. AGE: Years 51 Months 0 Days 29 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name John Storer
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Emma Beck
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph R. Stiner
(b) Address 725 Paseo

17. (a) Burial (b) Date thereof Mar-8-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem.

18. (a) Signature of funeral director Wm. C. L. Foster
(b) Address 918 Brooklyn

19. (a) 3-8-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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. 2915 Olive
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6
year 1946 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 30, 1945, to March 6, 1946;
that I last saw her alive on March 6, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage to
operative site-Acute generalized
peritonitis-intestinal obstruction
Carcinoma of cervix
Due to

Due to
Other conditions 480
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy See above

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?

1. While at work? (Specify type of place) (e) Means of injury
2. Signature Clark W. Seely (Date signed) 3-7-46
Address Med. Dir. Gen'l Hosp.

Handwritten signature

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..... *Cortland Minor*

....., Licensed Embalmer No. *3414*

.....P. O. Address. *918 Brooklyn*

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.