

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

**FILED MAR 27 1946 STANDARD CERTIFICATE OF DEATH**

State File No. **9311**  
Registrar's No. **1256**

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: **Bakerside Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2 days** (Specify whether)  
In this community **2 days** years, months or days)

**3. (a) PRINT FULL NAME** **Mary T. Byrd**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Joe Byrd** 6. (c) Age of husband or wife if alive **11** years  
7. Birth date of deceased **9** (Month) **11** (Day) **1874** (Year)

8. AGE: Years **71** Months **6** Days **3** If less than one day hr. min.

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

10. Usual occupation **At Home**

11. Industry or business

12. Name **Henry Rule** 9  
13. Birthplace **Unknown** (City, town, or county) **Unknown** (State or foreign country)  
14. Maiden name **Charlotte Lewis**  
15. Birthplace **Unknown** (City, town, or county) **Illinois** (State or foreign country)

16. (a) Informant **Daniel E. Martindale**  
(b) Address **2310 Bellvue K.C.Mo.**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **3-16-1946** (Month) (Day) (Year)

(c) Place: burial or cremation **Maple Hill Cemetery K.C.K.**

18. (a) Signature of funeral director **Daniels Bros**

(b) Address **644 Kansas Ave K.C. Kansas**

19. (a) **3-14-46** (Date received local registrar) (b) **S. C. Holmes** (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Kansas** (b) County **Wyandotte**  
(c) City or town **Kansas City** (If outside city or town limits, write "RURAL")  
(d) Street No. **731 S 5th Street** (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **3** day **14** year **1946** hour **6** minute **20** M.

21. I hereby certify that I attended the deceased from **March 11**, 1946, to **March 14**, 1946 that I last saw her alive on **12 PM March 13**, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death **Complete physical collapse + senility**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 **J. C. Holmes** (M. D. or other) **Dr**

Date signed **3-14-46**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.....

*H. L. Simon*

Licensed Embalmer No.....

*3703*

P. O. Address.....

*NCH*

**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.**