

FILED APR 29 1946

Registration District No. **1002**

Primary Registration District No. **1002**

Registrar's No. **1762**

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: 3240 College /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 37 years (Specify whether 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. 3240 College
 (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME HYRE, William Taylor
 3. (b) If veteran, name war No 3. (c) Social Security No. 487-09-5900

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Minnie Alberta Hyre
 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased July 7 1882
 (Month) (Day) (Year)

8. AGE: Years 63 Months 9 Days 7
 If less than one day hr. _____ min. _____

9. Birthplace Wheeling West Virginia
 (City, town, or county) (State or foreign country)

10. Usual occupation Baker

11. Industry or business National Biscuit Co.

MOTHER FATHER
 { 12. Name Unknown Hyre
 { 13. Birthplace Unknown Unknown 9
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Unknown
 { 15. Birthplace Unknown Unknown 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minnie Hyre

(b) Address 3240 College, K. C., Mo.

17. (a) Burial (b) Date thereof 4-16-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Melody-McGilley-Eyler

(b) Address 1800 E. Linwood Blvd.

19. (a) 4-15-46 (b) Sheldine Holmes
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
 year 1946 hour 12 minute 50 A. M.

21. I hereby certify that I attended the deceased from Jan 2 1946 to Apr 14 1946
 that I last saw him alive on Apr 13 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of liver about 6 inches

Due to _____

Due to _____

Other conditions: _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations 46 f
 Of autopsy No

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)
 (e) Means of injury _____

23. Signature J. Bell (M. D. or other) Apr 15/46
 Address 1132 Professional Bldg Date signed _____

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

36993

En. J. V. Bell. Prof. Body.
1932 No. 4238
after 1005 in place

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 Glen G. Beck

Licensed Embalmer No. 4063

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.