

S. No. 2
I-1/47
5-17-39

FILED MAR 27 1948
Registration District No. 149

Primary Registration District No. 1002

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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... **St. Joseph's Hosp.**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... **11 Days**
(Specify whether years, months or days)

In this community... **38 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State... **Mo.** (b) County... **Jackson**

(c) City or town... **Kansas City**
(If outside city or town limits, write "RURAL")

(d) Street No... **3417 Campbell St.**
(If rural, give location)

(e) Citizen of foreign country?... **unknown** (Yes or No)
If yes, name country...

3. (a) PRINT FULL NAME... **Luke J. Byrne, sr.**

3. (b) If veteran, name war... **No**

3. (c) Social Security No... **None**

4. Sex... **Male**

5. Color or race... **White**

6. (a) Single, widowed, married, divorced... **Widowed**

6. (b) Name of husband or wife... **Helen Byrne**

6. (c) Age of husband or wife if alive... years

7. Birth date of deceased... **August 15, 1876**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... **March** day... **17th**
year... **1948** hour... **9.20 A.M.** minute... **M.**

21. I hereby certify that I attended the deceased from... **January** 19... **48**
to... **Mar. 17** 19... **48**
that I last saw h.f.m. alive on... **Mar. 17** 19... **48**
and that death occurred on the date and hour stated above.

Immediate cause of death... **arteriosclerotic heart disease**

Duration... **3 mo. T**

Due to...

Due to...

Other conditions... (Include pregnancy within 3 months of death)

Major findings: Of operations... **93 R**

Of autopsy...

PHYSICIAN

Underline the cause of which death should be charged statistically.

8. AGE: Years... **70** Months... **11** Days... **7** If less than one day... **2** hr... min

9. Birthplace... **County Roscommon, Ireland.**
(City, town, or county) (State or foreign country)

10. Usual occupation... **Retired Insurance Salesman**

11. Industry or business... **American National Ins. Co.**

12. Name... **Luke Byrne**

13. Birthplace... **Ireland**
(City, town, or county) (State or foreign country)

14. Maiden name... **No record**

15. Birthplace... **Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant... **Luke J. Byrne, jr.**
(b) Address... **101 East 51st Terrace.**

17. (a) Burial... **Burial** (b) Date thereof... **March 19, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director... **Thomas E. Quirk**
(b) Address... **4316 Troost Ave.**

19. (a) **3-19-48** (b) **Sheraldine Holmes**
(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..... here did injury occur? (City or town) (County) (State)

(c) Did injury occur in or about home, on farm, in industrial place, in public place?..... (Specify type of place)

While at work?..... (a) Means of injury... **D**

23. Signature... **J. Reid Jones** (M. D. or other) **M. D.**
Address... **1107 Bryant Bldg. K.C. Mo.** Date signed... **3-18-48**

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 _____

working under my personal supervision.

Registered Apprentice No. _____

Signed _____

Licensed Embalmer No. 3775

P. O. Address _____

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.