S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40050

FILED JAN 15 1949

Registration District No. 1419

Primary Registration District No. 1002

Registrar's No. 5250

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: 1315 EAST 75th Street (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution - - - - - - (Specify whether

In this community 60 YEARS 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. 1315 EAST 75th STREET (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country - - - - - -

3. (a) PRINT FULL NAME MR CHARLES EUGENE BYERS

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 MRS. HENRIETTA BYERS

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

7. Birth date of deceased DECEMBER (Month) - 9 (Day) - 1860 (Year)

8. AGE: Years 88 Months 0 Days 14 If less than one day ____ hr. ____ min.

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

10. Usual occupation RETIRED 40 YEARS CASHIER-OLD UNION STATION

11. Industry or business KANSAS CITY STREET CAR CO

FATHER
12. Name C. E. BYERS
13. Birthplace BOSTON (City, town, or county) MASSACHUSETTS (State or foreign country)

MOTHER
14. Maiden name ELIZA BUTTON
15. Birthplace HARTFORD (City, town, or county) CONNECTICUT (State or foreign country)

16. (a) Informant LOUISE M. BYERS

(b) Address 1315 EAST 75th STREET

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 27. 1948 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ FOREST HILL CEM

18. (a) Signature of funeral director O. W. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 12-27-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 23RD year 1948 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 1, 1948, to Dec. 23, 1948; that I last saw him alive on Dec. 1, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis

Due to arteriosclerosis chronic hypertension

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Geo. H. Jones (M. D. ~~or other~~) Geo. H. Jones

Address 80 E. Pasco Date signed 12/25/48

(Licensed Embalmer's Statement on Reverse Side)

N. [illegible] & Vfeed Jan 1907
1435 E. 78th ST.

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 Robert Ray

Licensed Embalmer No. 4182

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.