

FILED DEC 10 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37158**

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>5022</b>		
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>				
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Kansas City, Mo.</b>		c. LENGTH OF STAY (in this place) <b>3 Wks</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural-Blue Tomba Township</b>		X O		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hosp. K.C. Mo.</b>				d. STREET ADDRESS (If rural, give location) <b>RR 5- 3miles S. of Indep. Mo.</b>				
3. NAME OF DECEASED a. (First) <b>Mrs. SYLVIA</b> (Type or Print)			b. (Middle) <b>MAY</b>		c. (Last) <b>BYRUM</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 25, 1949</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Jan. 20, 1896</b>		9. AGE (in years last birthday) <b>53</b> IF UNDER 1 YEAR: Months _____ Day _____ IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>---</b>		11. BIRTHPLACE (State or foreign country) <b>Winslow, Arkansas.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>John N. Davis</b>		13b. MOTHER'S MAIDEN NAME <b>Viola Southern</b>		14. NAME OF HUSBAND OR WIFE <b>John I. Byrum</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>---</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>John I. Byrum Above.</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinomatosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of the Cervix</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>191X</b>					INTERVAL BETWEEN ONSET AND DEATH <b>8 months</b> <b>21 days</b> <b>Following diagnosis</b>	
19a. DATE OF OPERATION <b>3-4-49</b>		19b. MAJOR FINDINGS OF OPERATION <b>Plasmon squamous cell Carcinoma of Cervix</b>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <b>3-4-49</b> , 19 <b>49</b> , to <b>11-25</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>11-25</b> , 19 <b>49</b> , and that death occurred at <b>3:20 p.m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>J. H. Schiffmacher</b> (Degree or title)				23b. ADDRESS <b>700 Professional Bldg K.C. Mo</b>		23c. DATE SIGNED <b>11-26-49</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov. 28, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Washington</b>		24d. LOCATION (City, town, or county) (State) <b>Indep. Mo. (inter-city)</b>		
DATE REC'D BY LOCAL REG. <b>11-26-49</b>		REGISTRAR'S SIGNATURE <b>Seraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Chas Mitchell</b>		ADDRESS <b>Indep. Mo.</b>		

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

**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 Me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Henry A. Mitchell

Licensed Embalmer No. 3925

P. O. Address Independence, 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.