

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **37191**
5191BIRTH NO. REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No.

| | | | |
|---|-------------------------------|---|------------------------------------|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION General Hospital #2 | | d. STREET ADDRESS (If rural, give location) 583 Harrison | |
| 3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) BYRD c. (Last) BYRD | | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 29, 1951 | |
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 12-10-1892 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (State or foreign country) Charleston, Ark. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME George Byrd | | 13b. MOTHER'S MAIDEN NAME Virginia | |
| 14. NAME OF HUSBAND OR WIFE Dacie Byrd | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I | |
| 16. SOCIAL SECURITY NO. 492-14-8248 | | 17. INFORMANT'S SIGNATURE OR NAME Ralph Byrd-775 E. 49th St., Los Angeles, Calif. | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 2nd 3rd Degree Burns ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | INTERVAL BETWEEN ONSET AND DEATH 29/10/10 | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 21a. ACCIDENT (Specify) Accident | |
| 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home | | 21c. (CITY, TOWN, OR TOWNSHIP) COUNTY (STATE) Kansas City Jackson MO | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 11-29-51 | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? House Caught Fire | | 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | |
| 23a. SIGNATURE Hugh H. Owens (Degree or title) | | 23b. ADDRESS 1034 14th Blvd | |
| 23c. DATE SIGNED 12-9-51 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | |
| 24b. DATE 12/5/51 | | 24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery | |
| 24d. LOCATION (City, town, or county) (State) Kansas City, Mo. | | 25. FUNERAL DIRECTOR'S SIGNATURE E. Sterling Billa ADDRESS 1212 Vine | |
| DATE REC'D BY LOCAL REG. 12-4-51 | | REGISTRAR'S SIGNATURE Geraldine Holmes | |

(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed.....

E. Sterling Bille

Licensed Embalmer No. 3178

P. O. Address 1212 Vine, Kansas City.

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.