

STANDARD CERTIFICATE OF DEATH

31750
STATE FILE NUMBER
4331

FILED OCT 9 1957

Registration District No. 149 Primary Registration District 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, give TOWNSHIP only) OR Kansas City TOWN		Inside Limits Yes ☒ No ☐ c. CITY OR TOWN Kansas City Inside Limits Yes ☐ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General #2		Length of stay in lb 6 yrs. d. STREET ADDRESS 2024 1/2 E. 19th St. (If outside, give location) Reside on Farm Yes ☐ No ☐	
3. NAME OF DECEASED (Type or print) First Irene Middle Byrd Last Byrd		4. DATE OF DEATH Month September Day 15 Year 1957	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH March 10, 1894
9. AGE (In years last birthday) 63 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
11. BIRTHPLACE (City and state or country) Little Rock, Arkansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joe Ross		13b. MOTHER'S MAIDEN NAME Susan Simpson	
14. NAME OF HUSBAND OR WIFE James Byrd		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT Address Lucille Alexander 2024 1/2 E. 19th St.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral vascular accident.		INTERVAL BETWEEN ONSET AND DEATH 331+	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		19. WAS AUTOPSY PERFORMED? 1 YES ☒ NO ☐	
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from September 12, 1957 to September 15, 1957 Death occurred at 8:05 A m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) [Signature]	
22b. ADDRESS 600 East 22nd Street		22c. DATE SIGNED 9-18-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-18-57	
23c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn		23d. LOCATION (City, town, or county) (State) Kans. City, Missouri	
24. FUNERAL DIRECTOR ADDRESS Watkins Bros. Fn. Hm. 18th & Benton		25. DATE RECD. BY LOCAL REG. 9-18-57	
26. REGISTRAR'S SIGNATURE Reva Minshall			

(Licensed Embalmer's Statement on Reverse Side)

W. R. Peterson
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1. NAME

2. ADDRESS

3. CITY

4. STATE

5. ZIP CODE

6. DATE

7. SIGNATURE

8. LICENSE NO.

9. EXPIRATION DATE

10. FEE

11. SIGNATURE OF STUDENT

12. SIGNATURE OF EMBALMER

13. SIGNATURE OF WITNESS

14. SIGNATURE OF WITNESS

15. SIGNATURE OF WITNESS

16. SIGNATURE OF WITNESS

17. SIGNATURE OF WITNESS

18. SIGNATURE OF WITNESS

19. SIGNATURE OF WITNESS

20. SIGNATURE OF WITNESS

21. SIGNATURE OF WITNESS

22. SIGNATURE OF WITNESS

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 _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

23. SIGNATURE OF WITNESS

24. SIGNATURE OF WITNESS

25. SIGNATURE OF WITNESS

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.