

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 26 1960

149

Registration District No. Primary Registration District No. 1002 Registrar's No.

3638

=60-026759

STATE FILE NUMBER

| | | | |
|--|----------------------------------|---|-----------------------------------|
| 1. PLACE OF DEATH a. COUNTY <i>Jackson</i> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i> | | Length of stay in lb <i>19 yrs.</i> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>11th & Cherry</i> | | d. STREET ADDRESS (If outside, give location) <i>1030 Cleveland</i> | |
| 3. NAME OF DECEASED (Type or print) First <i>JAMES</i> Middle <i>TROY</i> Last <i>BYRD</i> | | 4. DATE OF DEATH Month <i>7</i> Day <i>12</i> Year <i>60</i> | |
| 5. SEX <i>Male</i> | 6. COLOR OR RACE <i>White</i> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH <i>4-7-21</i> |
| 9. AGE (last birthday) <i>39</i> | | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i> | | 10b. KIND OF BUSINESS OR INDUSTRY <i>Construction</i> | |
| 11. BIRTHPLACE (City and state or country) <i>Fayetteville, Arkansas</i> | | 12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i> | |
| 13a. FATHER'S NAME <i>James Herble Byrd</i> | | 13b. MOTHER'S MAIDEN NAME <i>Polly Byrd</i> | |
| 14. NAME OF HUSBAND OR WIFE <i>Mildred Byrd</i> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>Yes</i> | |
| 16. SOCIAL SECURITY NO. <i>431-07-9379</i> | | 17. INFORMANT <i>Mrs. Ova Lee Johnston</i> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Occlusion</i> DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <i>7</i> a.m. <i>15</i> p.m. | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION <i>Kansas City</i> | |
| 20g. COUNTY <i>Missouri</i> | | 20h. STATE <i>Missouri</i> | |
| 21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>Hugh H. Owens</i> | | 22b. ADDRESS <i>152 Union Station</i> | |
| 22c. DATE SIGNED <i>7-13-60</i> | | 22d. NAME OF CEMETERY OR CREMATORY <i>Memorial Park Cemetery</i> | |
| 22e. LOCATION (City, town, or county) <i>Kansas City</i> | | 22f. STATE <i>Missouri</i> | |
| 24. FUNERAL DIRECTOR <i>WEILERT FUNERAL HOMES (S)</i> | | 25. DATE RECD. BY LOCAL REG. <i>7-13-60</i> | |
| 26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i> | | 26. REGISTRAR'S SIGNATURE | |

DOCUMENT

BY AFFIDAVIT OF Hugh H. Owens MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Forrest D. Coldsnow

Licensed Embalmer No. 4714

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.