

REC'D SEP 20 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

29342

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 402  
(b) Township Brookings Primary Registration District No. 5507  
(c) or City Kansas City (d) Street No. 87th and Raytown Road St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Marjorie J. Byrne

(a) Residence, No. 87th and Raytown Road St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ralph E. Byrne

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18, 1894

7. AGE YEARS 45 MONTHS 2 DAYS 0 If less than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. At home  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MissouriFATHER 13. NAME Dr. K. P. Jones14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TexasMOTHER 15. MAIDEN NAME Antonia White16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT Ralph E. Byrne  
(ADDRESS) 87th & Raytown Road18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Aug. 21, 193919. FUNERAL DIRECTOR (NAME) Freeman Mortuary  
(ADDRESS) 104 W. 42nd St., K.C., Mo.20. FILED 8-20 19 39 J. Monahan  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 18, 193922. I HEREBY CERTIFY, That I attended deceased from July 1, 1939, to Aug 18, 1939

I last saw him alive on Aug 18, 1939. Death is said to have occurred on the date stated above, at 12:30 m. AM  
The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Date of onset

Other contributory causes of importance: 94Name of operation None Date of 7-0  
What test confirmed diagnosis? ..... Was there an autopsy? 7-0

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury 20, 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO  
If so, specify .....

(Signed) K. P. Jones, M. D.  
(Address) 309 210 St.

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**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.....

Licensed Embalmer No.....

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 this body is not embalmed, above space should be left blank.**