

FILED DEC 3 1943/9  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2931 Forest  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 1 week  
years, months or days)

3. (a) PRINT FULL NAME Dorothy Byram

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Floyd Byram 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased March 1 1908  
(Month) (Day) (Year)

8. AGE: Years 35 Months 8 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business none

12. Name unknown

13. Birthplace unknown 9

14. Maiden name Belle Daugherty (City, town, or county) (State or foreign country)

15. Birthplace Missouri 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Floyd Byram

(b) Address 2931 Forest

17. (a) removal (b) Date thereof Nov. 16, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marshall, Mo

18. (a) Signature of funeral director Joyce Funeral Home

(b) Address 3146 Main

19. (a) 11-15-43 (b) M. E. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City ?  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. 2931 Forest  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15th  
year 1943 hour 12 00 minute Noon M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_;  
Deputy Coroner  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Congestion  
Idiopathic Epilepsy  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions 85  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy See Above

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(b) Manner of injury M.D.  
23. Signature R. E. Upsher (M. D. or other) M.D.  
Address 233 Main Date signed 11/15/43

DEC 13 1947

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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 Park G. Rowe  
Licensed Embalmer No. 2347  
P. O. Address K.C. 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.