S. No. 2
DM—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40870

FILED JAN 5 1944

Registration District No. 1419 Primary Registration District No. 1002 Registrar's No. 5464

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: K. C. General Hospital No. 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 16 days (Specify whether years, months or days)

In this community: 43 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Kansas City (If outside city or town limits, write "RURAL")

(d) Street No.: 2406 E. 9 St. (If rural, give location)

(e) Citizen of foreign country? (Yes or No): 0

If yes, name country:

3. (a) PRINT FULL NAME: Fannie D. Byrd

3. (b) If veteran, name war: —

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: Atwell Byrd

6. (c) Age of husband or wife if alive: 74 years

7. Birth date of deceased: Jan (Month) 31 (Day) 1869 (Year)

8. AGE: Years 75 Months 10 Days 20 If less than one day hr. min.

9. Birthplace: Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation: Homewife

11. Industry or business: —

FATHER 12. Name: Atwell Byrd James J. Adam

FATHER 13. Birthplace: Mo. (City, town, or county) 0 (State or foreign country)

MOTHER 14. Maiden name: Annie E. Holdington

MOTHER 15. Birthplace: Mo (City, town, or county) 0 (State or foreign country)

16. (a) Informant: Atwell Byrd

(b) Address: 2406 E 9

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-22-43 (Month) (Day) (Year)

(c) Place: burial or cremation: Buckner Mo

18. (a) Signature of funeral director: Mrs. C. E. Frazier

(b) Address: 918 Brooklyn

19. (a) 12-22-43 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 20 year 1943 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from December 4, 1943 to December 20, 1943; that I last saw her alive on December 20, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Decompensation

Due to: 95c

Due to:

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

Major findings:
Of operations:

Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Jerry R. Thom (M. D. or other)

Address: Med. Dir. Gen'l Hosp. Date signed: 12-21-43

(Licensed Embalmer's Statement on Reverse Side)

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 Kenzil C. Browning

Licensed Embalmer No. 2724

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, fact should be so stated above.