

REC'D MAR 13 1939

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

5962
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan, Registration District No. 85
 (b) Township _____ Primary Registration District No. 1001 Registered No. 173
 (c) City St. Joseph, (d) Street No. 5315 Halsey 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 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Daniel H. Myers,

(a) Residence, No. 5315 Halsey, 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary A. Myers,
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 20, 1860
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 5 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Night Watchman
 9. Industry or business in which work was done, as saw mill, bank, etc. Dry Goods
 10. Date deceased last worked at this occupation (month and year) February 1925 11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Weston, Missouri,

FATHER 13. NAME Henry Myers,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Weston, Missouri,

MOTHER 15. MAIDEN NAME Mary Elizabeth Lynn,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Weston, Missouri,

17. INFORMANT (ADDRESS) Mrs. R. H. Hubbs
5315 Halsey Street,

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Auburn Cem. DATE Feb'y 24th 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Heaton-Belale & Bourne
319 So. 10th. Str. Funeral Home

20. FILED For 1939 A. Wettsch Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb'y 22nd 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1939, to Feb 27, 1939
 I last saw him alive on Feb 20, 1939. Death is said to have occurred on the date stated above, at 8:05 p.m.
 The principal cause of death and related causes of importance were as follows:

Hypertatic Pneumonia Date of onset Feb. 15, 39
Fracture, right hip bone Jan 23, 39

Other contributory causes of importance:
Age, arteriosclerosis.

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 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) M. W. Mann M. D.
St. Joseph, Mo. (Address)

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very imp.

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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 July 22, 1948

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 So. 10th St. Jory

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

5962
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1. PLACE OF DEATH
 (a) County Buchanan Registration District No. 85
 (b) Township _____ Primary Registration District No. 1201 Registered No. 173
 (c) City St. Joseph (d) Street No. _____ 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 Daniel H. Meyers
 (a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>78</u>	<u>5</u>	<u>2</u>	

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. _____
 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) _____

FATHER
 13. NAME _____
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER
 15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
 PLACE _____ DATE _____ 19 _____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED _____, 19 _____
 Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2. 22. 39

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Hypostatic Pneumonia Date of onset 3/15/39
Fracture Rt hip bone 1/12/38
 Other contributory causes of importance:
Age Arterio Sclerosis
1964

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 1/23, 1939
 Where did injury occur? Wetmore, Kans.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. home
 Manner of injury Fall
 Nature of injury Fracture neck of femur pt.

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) M. W. Mearns, M. D.
 (Address) St. Joseph, Mo.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important.

SUPPLEMENT

