

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

21071  
Do not use this space.

1. PLACE OF DEATH **10 1939**  
 (a) County **Jackson** Registration District No. **399**  
 (b) Township **Kaw** Primary Registration District No. **1002** Registered No. **2339**  
 (c) City **Kansas City** (d) Street No. **2006 E. 58th Street** 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 **628 Mrs. Julia F. Myers**  
 (a) Residence, No. **2006 E. 58th Street** St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widow</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>William Henderson Myers</b>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>March 10, 1860</b>				
7. AGE	YEARS <b>79</b>	MONTHS <b>2</b>	DAYS <b>26</b>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>At home</b>			
	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) <b>Missouri 0</b>				
FATHER	13. NAME <b>Unknown 9</b>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown 9</b>			
MOTHER	15. MAIDEN NAME <b>Unknown</b>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown</b>			
17. INFORMANT (ADDRESS) <b>Mrs. C. R. Coulter 2006 E. 58th St.</b>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Missouri Mountain Grove, DATE 6-8-39</b>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <b>Freeman Mortuary 104 W. 42nd St., K.C., Mo.</b>				
20. FILED <b>677 1939 M. M. Brown Local Registrar.</b>				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<b>June 6, 1939</b>
22. I HEREBY CERTIFY That I attended deceased from	
I last saw him/her alive on	<b>10 Oct 1939</b>
Death is said to have occurred on the date stated above, at <b>10:00 P.M.</b>	
The principal cause of death and related causes of importance were as follows:	
<b>Coronary sclerosis</b>	Date of onset
<b>Chronic diffuse myocardial fibrosis</b>	
<b>Acute pulmonary congestion</b>	
Other contributory causes of importance: <b>93C</b>	
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?	Date of injury
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?	
If so, specify	
(Signed) <b>Walter H. Hubler</b>	M. D.
(Address) <b>San Diego, K. P. Mo</b>	

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD  
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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.**