REC'D JUL 10 1939

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

21214
Do not use this space.

1. PLACE OF DEATH
(a) County JACKSON — Registration District No. 399
(b) Township KAW — Primary Registration District No. 1002 — Registered No. 2482
(c) or City KANSAS CITY — (d) Street No. ST. MARY'S HOSPITAL 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 MR. HENRY T. MEYERS
(a) Residence, No. 2625 COLLEGE 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: MALE
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 MRS. CORINNE E. MEYERS
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JANUARY-20-1883
7. AGE: YEARS 56 — MONTHS 4 — DAYS 27 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. LOCOMOTIVE ENGINEER
9. Industry or business in which work was done, as saw mill, bank, etc. FRISCO R R
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) MISSOURI 0

FATHER
13. NAME UNKNOWN MEYERS 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY 1

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

17. INFORMANT (ADDRESS) MRS. CORINNE E. MEYERS 2625 COLLEGE AVENUE
18. BURIAL, CREMATION, OR REMOVAL PLACE MT. ST. MARY'S DATE JUNE-20, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) D. W. NEWCOMER'S SONS 1401 BRUSH CREEK BLVD.
20. FILED 6/19, 1939 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE-17, 1939
22. I HEREBY CERTIFY, That I attended deceased from 6-16, 1939, to 6-17, 1939
I last saw him alive on 6/17, 1939. Death is said to have occurred on the date stated above, at 10:35A m.
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis — Date of onset

94 B

Other contributory causes of importance:
Infarction coronary artery

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

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) James R. Hayes, M. D.
(Address) 814 Med Arts Bldg Kc.

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-9-19-38 I X16605

814 Medical Arts Bldg.
2-5

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 E. M. Calhoun

Licensed Embalmer No. 3506

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, above space should be left blank.