

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

24786
 Do not use this space.

AUG 7 1939

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City, Mo. (d) Street No. 15 East 24th Street Registered No. 2999
 (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

1667 Catherine Meyer
 (a) Residence, No. 15 East 24th Street 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Herman Meyer 1857
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15, 1855
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 8 1/2 10 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 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) Missouri

FATHER 13. NAME Don't Know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER 15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT Miss Katherine Meyer
 (ADDRESS) 15 East 24th Street

18. BURIAL, CREMATION, OR REBURYAL Cremation - Greenwood DATE 7/27/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) R. V. Lindsey & Sons
3811 Broadway

20. FILED July 25, 1939 M. M. Browne
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1939

22. I HEREBY CERTIFY, that I attended deceased from July 20, 1939 to July 25, 1939
 I last saw her alive on July 20, 1939. Death is said to have occurred on the date stated above, at 1 AM.
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis

Other contributory causes of importance:

Bronchial Asthma
Gen. Arterio Sclerosis
Fracture of left hip

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? NO Date of injury Dec. 12, 1935

Where did injury occur? at home Kansas City, MO
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home

Manner of injury fall

Nature of injury fracture of left hip

24. Was disease or injury in any way related to occupation or deceased? NO

If so, specify _____

(Signed) W. Miller, M. D.

(Address) 1441 SO 33

Date of onset ?
?
P
Dec 12 1935

Kansas City, Kaw

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.

(original) 1441 80.3322

Embalmer No.

70-6964

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, Ralph Miller, or by Ralph Miller

Registered Apprentice No. 164, working under my personal supervision.

Signed Josue Wheeler

Licensed Embalmer No. 3738

P. O. Address Kennett, 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.