S. No. 2
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FILED FEB 26 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1324

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 309

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

1. PLACE OF DEATH:

(a) County Jackson 2

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4720 Belleview (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 55Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

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

(d) Street No. 4720 Belliview (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John W Myers. 620

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race Wh

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jennie Myers

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased May (Month) 17 (Day) 1855 (Year)

8. AGE: Years 84 Months 8 Days 3 If less than one day hr. min.

9. Birthplace Shelhyville (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Retired Founderyman

11. Industry or business /

FATHER
12. Name Henry S. Myers /
13. Birthplace (City, town, or county) Ky. (State or foreign country)

MOTHER
14. Maiden name Unknown /
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Jennie Myers

(b) Address 4720 Belleview

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 24 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn K.C.K.

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address 1800 Linwood

19. (a) Jan. 22, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21 year 1940 hour 11 20 minute A M.

21. I hereby certify that I attended the deceased from saw only once 19 to 19 ; that I last saw him alive on Jan 21 1940 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma mandible	
Due to Carcinoma of Stomach	2 yrs
Due to 4h	
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 [signature] (M. D. or other)

Address 120 Prof Bld. Date signed 11/22/40

(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 Chas Wilks

Licensed Embalmer No. 2644

P. O. Address 1800 Linwood

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.