

FILED MAR 1 - 1940

Registration District No. 665

Primary Registration District No. 8032

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Parsons  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
M. K. & T. Rail Road  
(If not in hospital or institution, write street number or location) 3  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME Alverson Cary Myers

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Bertha Myers 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept. 27 1869  
(Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 20 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Lains Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Conductor

11. Industry or business Rail Road

MOTHER FATHER { 12. Name Joseph Myers  
13. Birthplace West Virginia  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Elnor Clary  
15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alen Dietsche

(b) Address Parsons Kansas

17. (a) Burial (b) Date thereof Feb. 20 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Mc Laughlin Bros

(b) Address Sedalia Mo

19. (a) Feb 20 1940 (b) \_\_\_\_\_ (Registrar's signature)  
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County \_\_\_\_\_  
(c) City or town Parsons  
(If outside city or town limits write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 17  
year 1940 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
As Coroner Case only  
that I last saw \_\_\_\_\_  
and that death occurred on the date and hour stated above.  
Duration \_\_\_\_\_  
Immediate cause of death \_\_\_\_\_

Accidental death  
Due to Injured skull due to  
Due to fall from Railroad bridge  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations Fig. 1  
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) accident  
(b) Date of occurrence 2-16-40  
Where did injury occur? Saline Co  
(City or town) (County) (State)  
(c) Did injury occur in or about home, on farm, in industrial place, in public place?

Industrial  
While at work? yes (Specify type of place)  
(c) Means of injury Fall from R.R. Bridge  
23. Signature Edna Stauffer (M. D. or other) MD  
Address Parsons, Mo Date signed 2-17-40

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

RECEIVED FILED STATE OFFICE  
INDEX CARD RETURNED TO DISTRICT  
DATE: 3-1-48

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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.**