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V. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21012

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2629

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

1. PLACE OF DEATH:

(a) County Jackson 2

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

(c) Name of hospital or institution: 1108 Main St (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 64 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 2819 Lister (If rural, give location)

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

3. (a) PRINT FULL NAME Effie M. Myers 620

3. (b) If veteran, name war no

3. (c) Social Security No. 495-03-1056

4. Sex Fe

5. Color or race W

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

6. (b) Name of husband or wife Ben K Myers

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Mar (Month) 3 (Day) 1876 (Year)

8. AGE: Years 64 Months 3 Days 23 If less than one day hr. min.

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

10. Usual occupation Fur Finisher

11. Industry or business Berkseus Bros, Dry Gds. Co

FATHER
12. Name Maurice La Cassel
13. Birthplace Canada (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Frances Mason
15. Birthplace Pa (City, town, or county) (State or foreign country)

16. (a) Informant Florence G. Clay

(b) Address 1317 Van Brunt Blvd

17. (a) B (Burial, cremation, or removal) (b) Date thereof June 29 '40 (Month) (Day) (Year)

(c) Place: burial or cremation Brookings

18. (a) Signature of funeral director Mrs C L Forster

(b) Address 918 Brooklyn K.C. Mo

19. (a) June 29, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1940 hour minute 30 P M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw [illegible] alive on ..., 19...; and that death occurred on the date and hour stated above.

Deputy Coroner

Immediate cause of death

Acute & chronic pulmonary congestion

Due to

Chronic diffuse myocardial fibrosis

Other conditions

Pasonary sclerosis

(Include pregnancy within months of death)

93 C

Major findings:
Of operations

Of autopsy

Duration

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 Victor W Mahler (M. D. or other)

Address K.C. Mo. Date signed

(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 Dwight C. Browning

Licensed Embalmer No. 2724

P. O. Address Ft. C. Pro

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.