No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 11 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30973

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 3526

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

1. PLACE OF DEATH:

(a) County Jackson,

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

(c) Name of hospital or institution:
3912 Flora,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether 2 0
In this community 20 years.
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. 3912 Flora,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? no. years.

3. (a) PRINT FULL NAME Mrs. Mary Alice Myers,

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Michale P. Myers,

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

7. Birth date of deceased January (Month) 7 (Day) 1857, (Year)

8. AGE: Years 83 | Months 8 | Days 1 | If less than one day hr. min.

9. Birthplace Ohio, (City, town, or county) (State or foreign country) 1

10. Usual occupation at home, 1

11. Industry or business x

FATHER
12. Name Amos Mowery, 1
13. Birthplace Ohio, (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine Meffley,
15. Birthplace Ohio, (City, town, or county) (State or foreign country)

16. (a) Informant Wilbur Myers,
(b) Address 3434 Olive, Kansas City, Mo.

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 9-10-40 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery,

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) Sept. 9, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 8th, year 1940, hour 10:20 minute A. M.

21. I hereby certify that I attended the deceased from Aug 19, 1940 to Sep 8, 1940, that I last saw her alive on Aug 19, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to

Due to 94 19

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN 94B
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 1

23. Signature W. E. Lewis (M. D. or other)
Address 4435 Harrison Date signed 9/9/40

(Licensed Embalmer's Statement on Reverse Side)

Dr. W. E. Lewis,
4435 Harrison Wc 6866

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 S. J. Allen

Licensed Embalmer No. 1415

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.