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3-40  
-39  
K23159

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **4232**

FILED DEC 11 1940

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:  
**321 So. Jackson**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **29 years**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **John William Meyer**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **486-10-6838**

4. Sex **Male**

5. Color or race **white**

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

6. (b) Name of husband or wife **Mrs. Mabel Meyer**

6. (c) Age of husband or wife if alive **48 years**

7. Birth date of deceased **Feb. 17 1890**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>50</b>	<b>8</b>	<b>18</b>	hr. min.

9. Birthplace **Hoboken, New Jersey**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Dept. Manager**

11. Industry or business **Townley Metal & Hardware Co.**

MOTHER FATHER {

12. Name **John Meyer**

13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

14. Maiden name **Don't know**

15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mabel Meyer**

(b) Address **321 So. Jackson**

17. (a) (b) Date thereof **Nov. 8, 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood Cemetery**

18. (a) Signature of funeral director **Freeman Mortuary**

(b) Address **104 West, 42nd Street**

19. (a) **11-8-40** (b) **M. M. Browne**  
(Date received local registrar) (Registrar's signature)

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. **321 So. Jackson**  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **5** year **1940** hour **11** minute **A** M.

21. I hereby certify that I attended the deceased from **Nov 5** 19**40** to **Nov 5** 19**40** that I last saw him alive on **Nov 5** 19**40** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**

Duration **1 day**

Due to **Chronic Nephritis with Hypertension**

Duration **3 years**

Due to **131**

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy **Not made**

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) (e) Means of injury \_\_\_\_\_

While at work? \_\_\_\_\_

23. Signature **C. H. Rose** (M. D. or other) **M.D.**

Address **103 1/2 Elmwood** Date signed **11-5-40**

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

*Dr. C. W. Rice*  
*103 N. Elmwood*

**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 *Clarence W. Chiles*

Licensed Embalmer No. *3473*

P. O. Address *36 e 2nd*

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

**If this body is not embalmed, fact should be so stated above.**