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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1941

Registration District No. 299

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 6082

Registrar's No. 854

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:
815 East 48th Street / Apt. # 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution -----
(Specify whether years, months or days)
In this community 9 Months

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 815 East 48th Street - Apt. 5
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ----- years.

3. (a) PRINT FULL NAME Eugene LeRoy Myers
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife -----
6. (c) Age of husband or wife if alive -----years
7. Birth date of deceased May (Month) 17 (Day) 1940 (Year)

8. AGE: Years	Months	Days	If less than one day
	9	10	hr. min.

9. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Infant
11. Industry or business -----

MOTHER FATHER
12. Name Theron E. Myers
13. Birthplace Pomona (City, town, or county) Kansas (State or foreign country)
14. Maiden name Charlotte Davis
15. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Charlotte Myers
(b) Address 815 East 48th Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 1, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cemetery
18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 2/28/41 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 27th year 1941 hour 1 minute 45 P. M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Fibrinous Pneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Acute Hepatitis Toxic	

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 3
23. Signature Russell Myers (M. D. or other)
Address Same 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 H. O. Newcomer Jr.

Licensed Embalmer No. 4049

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, fact should be so stated above.