

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1462

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 St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital of institution 4 Days
(Specify whether years, months or days)

In this community 17 Years

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. 3007 Bales Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mr. Harry J. Myers

(b) If veteran, name war No

(c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11th year 1941 hour 2 minute 20 P.M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mrs. Etta Myers

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased August 18 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12/13 to 4-11 1941 that I last saw him alive on 4-11 1941 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

68 7 24 hr. min.

Immediate cause of death Cerebral Embolism 48 hours

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

Due to Endocarditis
Subacute, Bacterial

10. Usual occupation Conductor

Due to multiple arthritis 10 yrs

Other conditions None
(Include pregnancy within 3 months of death)

11. Industry or business A-T-& Santa Fe R. R.

Major findings: Of operations none

Of autopsy see above

PHYSICIAN None
Underline the cause to which death should be charged statistically.

12. Name Jonathan H. Myers

13. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Glarinda A. Stone

15. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harry J. Myers

(b) Address 3007 Bales Avenue

17. (a) Cremation (b) Date thereof Apr. 14, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation D. W. Newcomer's Sons

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) Apr 13 1941 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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? _____

While at work? None
(Specify type of place) (Specify means of injury)

23. Signature M. J. Owens (M. D. or other) None

Address 96 Grand Ave Date signed 4/12/41

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

8
3
2

48
3
8

Duration
48 hours

10 yrs

PHYSICIAN
None
Underline the cause to which death should be charged statistically.

ES

State 1314

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

C. Hervey Quisenberry

Licensed Embalmer No. *40700*

P. O. Address *A. C. Mo.*

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, fact should be so stated above.