

Aug 16 1941 399 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson Co.
(b) City or town Kansas City
(c) Name of hospital or institution R. C. Convalescent Home
(d) Length of stay: In hospital or institution 11 days.
In this community No record

3. (a) PRINT FULL NAME Mary Meyers
(b) If veteran, name war No
(c) Social Security No. None

4. Sex F I Color or race W
5. (a) Single, widowed, married, divorced, or widower Widowed
(b) Name of husband or wife George Meyer
(c) Age of husband or wife if alive 1859 years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: 82 Years Months Days If less than one day hr. min.

9. Birthplace No record

10. Usual occupation No record

11. Industry or business R. C. Home

12. Name No record

13. Birthplace No record

14. Maiden name No record

15. Birthplace No record

16. (a) Informant J. C. Conward
(b) Address 3200 Northside ave

17. (a) Burial (b) Date thereof July 27, 1941
(c) Place: burial or cremation St. Anthony's

18. (a) Signature of funeral director J. C. Conward
(b) Address 4316 2nd St

19. (a) 7-28-41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson Co
(c) City or town Kansas City
(d) Street No. 1104 Penn St
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 7-25-41 Day year 1:50 minute a M.
21. I hereby certify that I attended the deceased from 7-15-41 to 7-25-41
that I last saw her alive on 7-25-41 and that death occurred on the date and hour stated above.
Immediate cause of death

Due to Arteriosclerosis
Due to Hypertension
Other conditions 97
Major findings: Of operations 97
Of autopsy 97

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(e) Means of injury
23. Signature J. P. Lawrence (M. D. or other)
Address 3200 Northside Date 7-28-41

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

MOTHER FATHER

2966

0483

561

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

Thomas E. Jewell

Licensed Embalmer No.

3275
H. P. Jewell

P. O. Address.....

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.