

FILED OCT 13 1941  
399

Registration District No.

Primary Registration District No.

1002

## 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:  
Thinity Lutheran Hospital (1)  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community, Non-Resident (Specify whether  
 years, months or days)

3. (a) PRINT FULL NAME Mrs. Mary J. Myers3. (b) If veteran,  
name war \_\_\_\_\_3. (c) Social Security  
No. \_\_\_\_\_4. Sex Female 5. Color or  
race White 6. (a) Single, widowed, married,  
divorced Married6. (b) Name of husband or wife  
Clarence F. Myers 6. (c) Age of husband or wife if  
alive 58 years7. Birth date of deceased June 14, 1883  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
58 2 25 hr. min.9. Birthplace Valley Falls / Kansas  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

## 11. Industry or business

MOTHER FATHER { 12. Name William Faulk  
 13. Birthplace U.S.A.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name No Record  
 15. Birthplace U.S.A.  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Clarence F. Myers(b) Address 415 Greystone Ave., K.C.K.17. (a) Burial (b) Date thereof 9/11/41  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Maple Hill Cemetery18. (a) Signature of funeral director Dates Funeral Home(b) Address Kansas City, Kansas19. (a) 9/10/41 (b) m m Crown  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte  
 (c) City or town Kansas City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 415 Greystone Ave.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. --- years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 9  
year 1941 hour 3 minute a M.21. I hereby certify that I attended the deceased from  
Sept. 5, 1941, to Sept. 9, 1941;  
that I last saw her alive on Sept. 9, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death

Cardiovascular Renal Disease Duration 1 year  
 Due to Hypertension  
 Due to \_\_\_\_\_

Other conditions Intestinal Obstruction  
(Include pregnancy within 3 months of death) Mesenteric Thrombosis

Major findings: Mesenteric Thrombosis  
 Of operations and Gangrenous Bowel  
 Of autopsy 9/11/41

## PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

## 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 \_\_\_\_\_

23. Signature R. Schaefer (M. D. or other) C  
Address 1401 S.W. Blvd. K.C.K. Date signed 9/9/41

**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 *Jimmy S. Huchison*

Licensed Embalmer No. *4092*

P. O. Address *Wanna City, Kansas*

**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, above space should be left blank.**