

S. No. 2
4-1-4-41
P. 5-17-39
K 26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
NOV 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34007
Registrar's No. 3947

Registration District No. 399

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:
Northeast Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days,
In this community 24 years, (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson, 048
(c) City or town Kansas City,
(If outside city or town limits, write "RURAL")
(d) Street No. 3235 South Benton Boulevard,
(If rural, give location)
(e) Citizen of foreign country? X (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Mrs. Addie O. Meyers,

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married,
6. (b) Name of husband or wife C. O. Meyers, 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased April 4 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 6 18 hr. min.

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

10. Usual occupation at home,

11. Industry or business X

MOTHER FATHER { 12. Name Jacob Bowman,
13. Birthplace Ohio, (State or foreign country)
14. Maiden name Catherine Ault,
15. Birthplace Ohio, (State or foreign country)

16. (a) Informant C. O. Meyers,
(b) Address 3235 South Benton, K. C., Mo.

17. (a) Burial, (b) Date thereof 10-24, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 10/23/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22nd,
year 1941 hour 4:15 minute A. M.
21. I hereby certify that I attended the deceased from Oct 13, 1941
to Oct 22, 1941
that I last saw her alive on Oct 21, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Due to Arterio-sclerosis
Due to to
Other conditions (Include pregnancy within 3 months of death)
Major findings: 94a
Of autopsy —

Duration
?
?
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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature H. J. Wittberg (M.D. or other) —
Address 2603 E. 31 Date signed 10-23-41

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

048
3
8

Dr. Henry T. Wittenberg,

GR
2-6
2603E3/ST

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.....

Willis H. Bennett....., Registered Apprentice No. 282
working under my personal supervision.

Signed [Signature].....

Licensed Embalmer No. 1415

P. O. Address K. P. W. Co.

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.