

Registration District No. 397

Primary Registration District No. 1007

State File No. \_\_\_\_\_

Registrar's No. 87

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: 822 East 8th St  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 1 month  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 54

(c) City or town Lexington  
(If outside city or town limits, write "RURAL")

(d) Street No. 16 and Clinton  
(If rural, give location)

(e) If foreign born, how long in U. S. A. 1 years.

3. (a) PRINT FULL NAME John Myers

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

4. Sex male 5. Color or race negro

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 9 1865  
(Month) (Day) (Year)

8. AGE: Years 76 Months 4 Days 6  
If less than one day hr. min.

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

10. Usual occupation laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant MAN MURIEL HARVEY

(b) Address 822 East 8th St

17. (a) Burial (b) Date thereof 1-10-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington Mo.

18. (a) Signature of funeral director J. B. MOORE

(b) Address 1820 E. 18th St

19. (a) 1-8-42 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 7  
year 1942 hour 7:40 minute A. M.

21. I hereby certify that I attended the deceased from Dec. 29, 1941 to Jan. 7, 1942  
that I last saw him alive on Jan 7, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration \_\_\_\_\_

Due to Arterio-sclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Chas. P. Briscoe, M.D. (M. D. or other) \_\_\_\_\_  
Address 719 E. Independence Ave. Date signed 1-8-42

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

**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 me

AB Moore, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

AB Moore

Licensed Embalmer No. 2410

P. O. Address 1820 E 18th St

**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.**