

FILED MAR 16 1942

Registration District No. **399**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH: **Jackson,**  
 (a) County  
 (b) City or town **Kansas City,**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **Wesley Hospital, 0**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **1 day,** (Specify whether  
 In this community **30 years,**  
 years, months or days)

3. (a) PRINT FULL NAME **Benjamin H. Myers,**

3. (b) If veteran, name was **No.** 3. (c) Social Security No. **No.**

4. Sex **Male 0** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Eunice Myers,** 6. (c) Age of husband or wife if alive **64** years

7. Birth date of deceased **December 24 1876**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>65</b>	<b>2</b>	<b>27</b>	<b>hr. min.</b>

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

10. Usual occupation **Retired.**

11. Industry or business **X**

12. Name **WilliamsMyers,**

13. Birthplace **Pennsylvania,** (City, town, or county) (State or foreign country)

14. Maiden name **Unknown,**

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

16. (a) Informant **Mrs. Eunice Myers,**

(b) Address **5011 Wyandotte St., Kansas City,**

17. (a) **Burial,** (b) Date thereof **3-3-42**  
(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, Kansas City Mo.**

19. (a) **3/2/42** (b) **M. M. Brown**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Jackson,** **48**  
 (c) City or town **Kansas City,** **col**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **5011 Wyandotte Street,**  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? **X** **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **1st**  
year **1942** hour **7:00** minute **A.** M.

21. I hereby certify that I attended the deceased from **Feb 28 1942** to **March 1 1942**  
that I last saw him alive on **Feb 28-1942**, 19\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **hypertension**  
Due to **hypertension self-inflicted**  
Due to **82 saw**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy

Duration **1 day**  
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) (Specify type of injury)

23. Signature **R. V. Stapp** (M. D. or other) **0**  
Address **1022 Aquila Bldg.** Date signed **3-2-42**

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MAR 26 1942

Dr. R. V. Stapp,

1149 E. 2nd St.

Albany, N.Y.

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

*[Handwritten Signature]*

Licensed Embalmer No.

1415

P. O. Address

*[Handwritten 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.