

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

9789  
Do not use this space.

FILED APR 25 1942

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 100 Registered No. 1328  
 (c) City Kansas City (d) Street No. 0 Research - Harjo St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. da. 2 (f) How long in U. S., if of foreign birth? yrs. mos. da. 054

2. PRINT FULL NAME Courtney Meyers

(a) Residence, No. 20 Wellington, Mo. St.  (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-22-1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>78</u>	<u>1</u>	<u>12</u>	<u>2</u>

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. merchant

9. Industry or business in which work was done, as saw mill, bank, etc. merchant

10. Date deceased last worked at this occupation (month and year) Feb 2 1942

11. Total time (years) spent in this occupation 2 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Sterling, Kentucky

FATHER

13. NAME Francis Meyers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER

15. MAIDEN NAME Laurianora Ewing

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Margaret Burgess Wellington Mo

18. BIRTH, OPERATION, OR REMOVAL PLACE DATE Wellington Mo 4-4 1942

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ewing Funeral Wellington Mo Home

20. FILED 4/4/42 M. M. Crow Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-4 1942

22. I HEREBY CERTIFY, That I attended deceased from 4-2, 1942, to 4-4, 1942.  
 I last saw him alive on 4-4, 1942. Death is said to have occurred on the date stated above, at 4:30 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Arterio sclerosis  
Cardio-vascular  
arterio sclerosis  
 Other contributory causes of importance:  
Myocardial Failure

Date of onset Many years  
Recent time(?)

Name of operation \_\_\_\_\_ Date of operation \_\_\_\_\_  
 What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) C. H. Hunt, M. D.  
 (Address) 1501 ...

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

30M-9-19-38 I X16603

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**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 W. Roy Ewen

Licensed Embalmer No. 3070

P. O. Address Wellington, N.J.

**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.**