

FILED JUN 18 1942  
399

Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 2272

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 Research Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days  
(Specify whether years, months or days)

In this community 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 40

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

(d) Street No. 200 East 34th St. Terr.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Martin Kryder Myer

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex 6 Male

5. Color or race Wh

6. (a) Single, widowed, married 1 divorced Married

6. (b) Name of husband or wife Helen D. Myer

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased: November 11 1877  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>6</u>	<u>28</u>	hr. .... min.

9. Birthplace: Tuscarawus Ohio 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Owner

11. Industry or business Warehouse & Storage

12. Name Edwin Myer

13. Birthplace No Record 9  
(City, town, or county) (State or foreign country)

14. Maiden name 9

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

16. (a) Informant Helen D. Myer

(b) Address 200 E. 34th St. Terrace

17. (a) Removal (b) Date thereof 6-10-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dover, Ohio

18. (a) Signature of funeral director J. M. Wagner

(b) Address Kansas City, Mo.

19. (a) 6-10-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th  
year 1942 hour 12 minute 17 P.M.

21. I hereby certify that I attended the deceased from May 12  
1942 to June 9 1942  
that I last saw him alive on June 9 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-vascular dis- 070  
cus elements rupture

Due to 121 B

Other conditions 121 B  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

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? 0

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

(e) Means of injury \_\_\_\_\_

23. Signature H. H. ... (M. D. or other) M.D.

Address 1022 ... Date signed 6/10/42

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

1022 Original

124 3454

APR 8 1988

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 A. R. Hunschuld

Licensed Embalmer No. 4159

P. O. Address K. E. Mo.

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.