

MAR 20 1943

Registration District No. 149

Primary Registration District No. 1002

State File No.

Registrar's No. 1170

48  
3  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:  
3010 Grand Ave. /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 7 mo. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 3010 Grand Ave.  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ralph William Meyn

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race Wh

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

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

7. Birth date of deceased July 28, 1942  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

0 7 9 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Child

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

12. Name Ralph C. Meyn

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

14. Maiden name Darline Roberts

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

16. (a) Informant Ralph Carl Meyn

(b) Address 3010 Grand Ave.

17. (a) Burial (b) Date thereof 3/8/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forset Hill Cem.

18. (a) Signature of funeral director Gates Funeral Home

(b) Address 1901 Olathe Bldg. Kan. City

19. (a) 3-8-43 (b) M. H. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th  
year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from July 28, 1942, to July 14, 1943  
that I last saw him alive on July 14, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death malnutrition

Due to large meningococci

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

Other conditions none  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 John A. [unclear] (M. D. or other) \_\_\_\_\_

Address 1316 Park Bldg Date signed 3-8-43

MISSOURI  
STANDARD

**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..... *Wm J. Ward* .....

Licensed Embalmer No. 3991

P. O. Address..... 309 E 67<sup>th</sup> St  
St. Louis, 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.