

**FILED JUN 7 1943**  
Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **2458**

**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:  
**St Luke's 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 **unknown**  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Kansas** (b) County **Nemaha** **999**  
 (c) City or town **Sabetha** **14**  
(If outside city or town limits, write "RURAL") **0**  
 (d) Street No. **2**  
(If rural, give location)  
 (e) Citizen of foreign country? **2**  
(Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Mrs. Hannah Myerton**  
**3. (b) If veteran,** name war **None**  
**3. (c) Social Security No.** **None**

**4. Sex** **Female** **5. Color or race** **White**  
**6. (a) Single, widowed, married, divorced** **Married**  
**6. (b) Name of husband or wife** **Axel W. Myerton**  
**6. (c) Age of husband or wife if alive** **unk.** years  
**7. Birth date of deceased** **unknown**  
(Month) (Day) (Year)

**8. AGE:** Years Months Days If less than one day  
**unknown** hr. min.

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

**10. Usual occupation** **Housewife**

**11. Industry or business** **At Home**

**12. Name** **unknown**

**13. Birthplace** **unknown**  
(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** **D. W. Newcomas Sons**

**(b) Address** **K.C. Mo**

**17. (a) Removal** **May 29, 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Sabetha, Kansas**

**18. (a) Signature of funeral director** **D. W. Newcomas Sons**

**(b) Address** **1401 Brush Creek Blvd**

**19. (a) 5/30/43** **(b) M. N. Croove**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **May** day **29**  
 year **1943** hour **10** minute **25A.M.**

**21. I hereby certify that I attended the deceased from** **May 28, 43**  
 19... to **May 29** 1943;

that I last saw her alive on **May 29/43** 19...;  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** **24 hrs.**

Due to **Coronary Sclerosis** **9/42 2 yrs**

Due to **Arterial hypertension** **2 yrs.**

Other conditions **Obesity, Infected Teeth, Tanks**  
(Includes pregnancy within 3 months of death)  
**cause of above**

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

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

**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** **P. J. Bohan** **(M. D. or other)**  
 Address **P. J. Bohan, M.D., P.C., 1401** Date signed **5/29/43**

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

MOTHER FATHER

361

**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..... *H.C. Newcomer Jr*

Licensed Embalmer No..... *4043*

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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2458

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town N.C.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Lukes  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Day  
In this community 1 Day  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kans. (b) County Nemaha  
(c) City or town Sabetha  
(If outside city or town limits, write "RURAL"),  
(d) Street No. 705 Virginia  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Day 19  
Year 1943 Hour \_\_\_\_\_ Minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

Duration

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (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) \_\_\_\_\_  
Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
(b) Did injury occur in or about home, on farm, in industrial place, in public place?  
\_\_\_\_\_ (Specify type of place)  
While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature \_\_\_\_\_ (M. D. or other)  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

3. (a) PRINT FULL NAME Hannah Myerton  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex \_\_\_\_\_ 5. Color or race \_\_\_\_\_ 6. (a) Single, widowed, married, divorced \_\_\_\_\_  
6. (b) Name of husband or wife Alex W. Jan 6. (c) Age of husband or wife if alive 8 years  
7. Birth date of deceased: Jan 8 (Month) 1905 (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ if less than one day \_\_\_\_\_ min.  
9. Birthplace Sweden (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_  
11. Industry or business \_\_\_\_\_  
12. Name Per Olson  
13. Birthplace Skane Sweden (City, town, or county) (State or foreign country)  
14. Maiden name Bertha Person  
15. Birthplace Broby Sweden (City, town, or county) (State or foreign country)

16. (a) Informant Alex W. Myerton  
(b) Address 705 Virginia, Sabetha, Kans.  
17. (a) \_\_\_\_\_ (Burial, cremation, or removal) (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(c) Place: burial or cremation \_\_\_\_\_  
18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address \_\_\_\_\_  
19. (a) 5-30-43 (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

SUPPLEMENTARY

17072