S. No. 2
OM—2-43
5-17-39
1 X35887

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

23998

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 11 19[illegible]

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3334

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

(d) Length of stay: In hospital or institution ~~1 day~~ 4 hrs. (Specify whether
In this community 4 hrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 44

(a) State Missouri (b) County ~~Jackson~~

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

(d) Street No. ~~General Hospital~~
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Myers Infant

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male

5. Color or race white 0

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased 6 (Month) 10 (Day) 43 (Year)

8. AGE: Years | Months | Days | If less than one day 4 hr. 23 min.

9. Birthplace Kansas City (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation infant

11. Industry or business

FATHER
12. Name Raymond Glenn Myers
13. Birthplace Napier (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Mary Alice Sleeth
15. Birthplace Oakland (City, town, or county) Illinois 1 (State or foreign country)

16. (a) Informant mother
(b) Address Mound City Missouri

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 8-2-43 (Month) (Day) (Year)
(c) Place: burial or cremation 15 C. Gen Hosp

18. (a) Signature of funeral director Wm A. Lohmeyer
(b) Address City Mortician

19. (a) 7-31-43 (Date received local registrar) (b) Dep. P. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
year 1943 hour 2 minute 25 P. M.

21. I hereby certify that I attended the deceased from June 10, 1943, to June 10, 1943
that I last saw him alive on June 10, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death cerebral edema and congestion of cerebral vessels	
Due to	
Due to 161c	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy see above

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Emery R. Thorn (M. D. or other)
Address Date signed

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(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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.