

FILED FEB 1 1944
Registration District No. 59

Primary Registration District No. 4097

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Case
(b) City or town Harrisonville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 65 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Case
(c) City or town Harrisonville
(If outside city or town limits, write "RURAL")
(d) Street No. 405 E Washington
(If rural, give location)
(e) If foreign born, how long in U. S. A. 19 years

3. (a) PRINT FULL NAME Mary Elizabeth Meyers

3. (b) If veteran, name war ✓ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Alonzo Meyers 6. (c) Age of husband or wife if alive 5 years (Day) (Year)

7. Birth date of deceased May 5 - 1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>89</u>	<u>8</u>	<u>8</u>	<u>✓</u> hr. <u>✓</u> min.

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

10. Usual occupation Home maker

11. Industry or business _____

MOTHER FATHER { 12. Name Barney T Hayden
13. Birthplace Kentucky
14. Maiden name Emily Filsan
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Beulah Meyers, College

(b) Address Harrisonville, MO

17. (a) Burial (b) Date thereof Jan 16 - 44
(Burial, cremation or other) (Month) (Day) (Year)

(c) Place: burial or cremation RUNNENBURGER'S

18. (a) Signature of funeral director HARRISONVILLE, MO.
(b) Address Garden City Cem.

19. (a) Jan. 15, 1944 (b) Margaret Valle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13
year 1944 hour 11 minute 15-9, M.

21. I hereby certify that I attended the deceased from Jan 8, 1944, to Jan 11, 1944 that I last saw her alive on Jan 10, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death
Hypertension
Chronic nephritis
Chronic myocarditis
+ Anemia

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 131
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) _____ (Specify type of injury) _____

23. Signature J. L. Seath (M. D. or other) _____
Address Harrisonville, MO Date signed Jan 15

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

Ernest Runnenburger

Licensed Embalmer No. *3368*

P. O. Address *Harrisonville*

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.