V. S. No. 2
100M—5-43
Rev. 5-17-39
I X38671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33333

Registration District No. FILED NOV 14 1944 Primary Registration District No. 1002 Registrar's No. 4388

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: 5841 Central
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: no. (Specify whether years, months or days)
In this community: 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City, 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 5841 Central 8
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country: x

3. (a) PRINT FULL NAME: Mrs. Senora Trout Myers
3. (b) If veteran, name war: no.
3. (c) Social Security No.: no.
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Aaron Myers
6. (c) Age of husband or wife if alive: dec. years
7. Birth date of deceased: October (Month) 9 (Day) 1854 (Year)
8. AGE: Years 90 Months 0 Days 22 If less than one day hr. min.
9. Birthplace: Ohio (City, town, or county) (State or foreign country)
10. Usual occupation: at home,
11. Industry or business: x
12. Name (Father): Andrew Trout
13. Birthplace (Father): Pennsylvania (City, town, or county) (State or foreign country)
14. Maiden name (Mother): Elizabeth Bennett
15. Birthplace (Mother): Ohio (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Eva Marie Harrod
(b) Address: 5841 Central, Kansas City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-2-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cemetery
18. (a) Signature of funeral director: Stine & McClure,
(b) Address: 3235 Gillham Plaza, K. C., Mo.
19. (a) 10-31-44 (Date received local registrar) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31st year 1944 hour 4:30 minute A. M.
21. I hereby certify that I attended the deceased from Oct 1 1944 to Oct 30 (P.M) 1944 that I last saw her alive on Oct 30 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	18 hours
Due to: Arteriosclerosis	
Due to: Senility -	
Other conditions (Include pregnancy within 3 months of death): Chronic Auricular Fibrillation ?	

Major findings:
Of operations: none
Of autopsy: none

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: Lee R. Ferris (M. D. or other)
Address: 934 Agyle Bld Kansas City, Mo Date signed: Oct 31, 1944

(Licensed Embalmer's Statement on Reverse Side)

Dr. Carl Ferris
Cangley Bldg.
1 P.M.

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 S. J. Allen

Licensed Embalmer No. 1415

P. O. Address H. C. Missouri

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.

Death

State of Missouri } ss.
County of Jackson }

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 33339-44
Local Registrar's No. 4398

On this 4th day of June, 1946, before me appears Mrs. Eva Marie Harrod, who, upon her oath, states that the original record of ~~birth~~ death for Mrs. Senora Trout Myers, ~~born~~ died October 31, 1944, in the State of Missouri, and which was filed at Kansas City on 10-31, 1944, should be corrected as follows:

Item No. 3 should read Senora Trout Myers
Instead of Senora Myers

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read Verified by War Bond # 52828628
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Eva Marie Harrod
Daughter Relationship.

6133 Brookside Blvd
Present Address.

Subscribed and sworn to before me this 4th day of June, 1946

My Commission expires Oct. 20. 1947 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I X36667