

FILED DEC 9 1944

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 4801

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:  
1236 West 63rd.  
 (If not in hospital or institution, write street number or location) 1  
 (d) Length of stay: In hospital or institution none  
 (Specify whether  
 In this community 44 yrs.  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 47  
 (c) City or town Kansas City 3  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1236 West 63rd. 8  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_ 1)

3. (a) PRINT FULL NAME Minnie Bell Meyer

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 widowed

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

7. Birth date of deceased March 17 1863  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 2 8 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Mexico Mo. 1)  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife  
at home

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

12. Name Silas Gilbert  
 13. Birthplace Monroe Co. Mo. 0  
 (City, town, or county) (State or foreign country)

14. Maiden name Eliza Ann Jeffries  
 15. Birthplace no record Ohio 1  
 (City, town, or county) (State or foreign country)

16. (a) Informant Gilbert Meyer

(b) Address 1712 39th Ave.

17. (a) burial (b) Date thereof 11/28/44  
 (Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Walter Funder Home  
 (b) Address 1901 Olathe Blvd.

19. (a) 11-28-44 (b) M. E. Brown  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 25  
 year 1944 hour 2:45 minute PM M.

21. I hereby certify that I attended the deceased from  
Oct 6 1942 to Nov 24 1944  
 that I last saw her alive on Nov 24 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Renal and myocardial insufficiency with apoplexy  
 Due to \_\_\_\_\_

Due to auricular fibrillation  
Hypertension  
Bright's Disease  
 Other conditions Broken hip 3-16-44  
 (Include pregnancy within 3 months of death)

Major findings: Stroke one year ago  
 Of operations none  
 Of autopsy none 11/8/44  
18

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

22. If death was due to external causes, fill in the following:  
 (c) 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 Hester J. Wilson (M. D. or other) \_\_\_\_\_  
 Address 215 Plaza Medical Date signed 11/27/44

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

MOTHER FATHER

Dr. Hester Wilson Plaza Med Bldg

**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..... *W. L. Ward* .....

Licensed Embalmer No..... *3991* .....

P. O. Address..... *309 E 67* .....

**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.

*X P M O*