S. No. 2
M—8-43
. 5-17-39
p I X37823

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. 36318

FILED DEC 12 1945

Registration District No. 109 Primary Registration District No. 1002 Registrar's No. 4859

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: The Children's Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 hrs 20 min (Specify whether years, months or days)
In this community 4 hrs 20 mins

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Carroll 17
(c) City or town Bosworth 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Myers, Baby Girl
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. (Month) 26 (Day) 1945 (Year)
8. AGE: Years | Months | Days | If less than one day 7 hr. 20 min.
9. Birthplace Bosworth (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Infant
11. Industry or business
FATHER
12. Name Merrill Myers
13. Birthplace (City, town, or county) (State or foreign country) Ohio
MOTHER
14. Maiden name Mary Hinnear
15. Birthplace Carrollton (City, town, or county) Mo (State or foreign country)
16. (a) Informant Mr. Merrill Myers
(b) Address Bosworth Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-26-45 (Month) (Day) (Year)
(c) Place: burial or cremation Union Cemetery
18. (a) Signature of funeral director David J. Edward
(b) Address Bosworth Mo
19. (a) 11-26-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26th year 1945 hour 11 minute 05 A.M.
21. I hereby certify that I attended the deceased from Nov. 26 - 6:45 A.M. 1945 to Nov. 26-1945 11:05 A.M. 1945 that I last saw h. C.B. alive on Nov. 26 - 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Prematurity	6½ mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 159	
Major findings: Of operations	
Of autopsy	

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 C
23. Signature James F. VanBiber M.D. (M. D. or other)
Address Mercy Hospital KC Mo Date signed 11-26-45

(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 David J. Edwards

Licensed Embalmer No. 3263

P. O. Address Bosworth Mo.

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.