

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 443

1. PLACE OF DEATH:

(a) County Buchanan
 (b) City or town St. Joseph, Missouri
 (c) Name of hospital or institution St. Joseph Hospital 923 Powell St.
 (d) Length of stay: In hospital or institution 6 hrs. 17 min.
 In this community 6 hrs. 17 min.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Doniphan
 (c) City or town Bendena
 (d) Street No. 14
 (e) Citizen of foreign country? No

3. (a) PRINT FULL NAME

Mary Lee Myers

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

4. Sex Female 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 April 18 1906

8. AGE: Years _____ Months _____ Days _____ If less than one day 6 hr. 17 min.

9. Birthplace St. Joseph Mo

10. Usual occupation New born

11. Industry or business _____

12. Name Byron E. Myers
 13. Birthplace Bendena Kansas
 14. Maiden name Doris Marie Sam
 15. Birthplace Bendena Kansas

16. (a) Informant Byron E. Myers
 (b) Address Bendena, Kansas

17. (a) Removal (b) Date thereof 4-19-46
 (c) Place: burial or cremation Wathena Mo

18. (a) Signature of funeral director A. S. Sods
 (b) Address Wathena

19. (a) Apr. 19, 1946 (b) [Signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19th 1946
 year 1946 hour 1:35 minute 0 M.
 21. I hereby certify that I attended the deceased from 7:15 P.M. April 18th, 1946 to April 19th, 1946
 that I last saw her alive on April 18th, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to _____

Due to _____

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

Major findings: Of operations 159
 Of autopsy 159

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? _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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

23. Signature [Signature] (M. D. or other) _____
 Address Wathena Mo Date signed 4/19/46

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

1186

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..... *A. L. Dodds*

Licensed Embalmer No..... *3023*

P. O. Address..... *Wathena, 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.