

S. No. 2
M-5-43
v. 5-17-39
I X36671

13291
1870

State File No. _____
Registrar's No. _____

FILED MAY 6 1946
149

Registration District No. _____

Primary Registration District No. _____

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

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:
St. Mary's Hospital, Kansas City, Mo.
(if not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 hours
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Dorothy Frances Myers
 3. (b) If veteran, name war No
 3. (c) Social Security Number None

4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mr. J.R. Myers
 6. (c) Age of husband or wife if alive 47 years
 7. Birth date of deceased February 25 1913
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>33</u>	<u>1</u>	<u>25</u>	hr. min.

9. Birthplace Independence, Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Housework

11. Industry or business _____
 12. Name Thomas C. Lintell
 13. Birthplace Davenport, Iowa
(City, town, or county) (State or foreign country)
 14. Maiden name Lula Cleveland
 15. Birthplace Reed City, Michigan
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. J.R. Myers
 (b) Address 335 N. Belmont, K.C. Missouri
 17. (a) Burial (b) Date thereof 4-23-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mound Grove Cem. Indep. Mo.

18. (a) Signature of funeral director George C. Carson
 (b) Address Independence, Missouri
 19. (a) 4-22-46 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 4R
 (c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
 (d) Street No. 335 North Belmont 8
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No) 0
 If yes, name country None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 20
 year 1946 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death Deputy Coroner
Brain Abscess (from T.B.)
 Due to Otitis Media, right
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy See Above
 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? _____
 While at work _____ (Specify type of place)
 Means of injury _____
 Signature A.E. Usher (M. D. or other) _____
 Address 2800 Main Date 4/21/46

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

George C. Cannon

Licensed Embalmer No.

2249

P. O. Address

Independence, 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.