

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:
3311 College
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether years, months or days)

In this community 19 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 3311 College
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Florida MYERS

3. (b) If veteran. No 3. (c) Social Security name war. No none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
 year 1946 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from 1938
 to June 19th, 1946
 that I last saw her alive on June 18th, 1946
 and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Henry B. Myers 6. (c) Age of husband or wife if alive years

7. Birth date of deceased January 18, 1868
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration 1 Day

Chr. Interstitial Nephritis
 Due to _____

Chr. Arterial Sclerosis
 Due to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>5</u>	<u>1</u>	hr. _____ min. _____

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

Major findings: 13/a

Of operations _____

Of autopsy _____

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

MOTHER FATHER

9. Birthplace Philadelphia, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business At home

12. Name John Grantham Davis

13. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Anna Jeffries

15. Birthplace Lexington Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. R. Pauli

(b) Address 3311 College, K.C., Mo.

17. (a) Burial (b) Date thereof 6-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Melody-McGilley-Eyler

(b) Address 1800 E. Linwood Blvd.

19. (a) 6-20-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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)

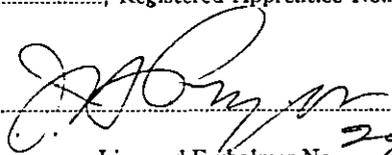
(e) Means of injury 0

23. Signature M. F. Jewell (M. D. or other) _____
 Address 1727 W 39th Date signed _____

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.....



Licensed Embalmer No.....

2995

P. O. Address.....

KC

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.