S. No. 2
OM—5-43
v. 8-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 19 1946

State File No. 27277

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3354

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

26118

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: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 4 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass 19
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 2 Mi N.W. Freeman
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Vernie Irene Myers

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Chester E Myers

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased March 30 - 1897 (Month) (Day) (Year)

8. AGE: Years 49 Months 4 Days 3 If less than one day hr. min.

9. Birthplace Cass Co. Mo (City, town, or county) (State or foreign country) 0

10. Usual occupation Home Maker

11. Industry or business

FATHER
12. Name John H Phillips 0
13. Birthplace Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Minnie Laughlin
15. Birthplace Ind (City, town, or county) (State or foreign country)

16. (a) Informant Chester E Myers
(b) Address Freeman Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Aug 5 1946 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Freeman Mo

18. (a) Signature of funeral director RUNNENBURGER'S
(b) Address HARRISONVILLE, MO.

19. (a) 8-3-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3
year 1946 hour 7 - ~~minute~~ a M.

21. I hereby certify that I attended the deceased from 7-30, 1946, to 8-3, 1946
that I last saw her alive on 8-3, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Abdominal Carcinomatosis #	2 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 5	

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

Major findings:
Of operations
Of autopsy as 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? 0
(Specify type of place)
While at work? (e) Means of injury

23. Signature E. A. Wilkinson (M. D. or other) M.D.
Address 1332 Professional Bldg Date signed 8-3-46

(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 Ernest Zimmerman

Licensed Embalmer No. 3368

P. O. Address Harrisonville Pa

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.