S. No. 2
M—12-45
v. 5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1250

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 479

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: 6101 Prospect
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 6101 Prospect 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Alfred F. MYERS

3. (b) If veteran, name war No

3. (c) Social Security No. 499-10-7310 A

4. Sex male 0

5. Color or race white

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

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

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

7. Birth date of deceased Sept. ~~15~~, 1874
(Month) (Day) (Year)

8. AGE: Years 72 ~~73~~ Months 4 Days ~~16~~ 25 If less than one day hr. min.

9. Birthplace Lexington (City, town, or county) Kentuckey (State or foreign country)

10. Usual occupation Retired

11. Industry or business Electrician

FATHER
12. Name Bastian Myers
13. Birthplace Unknown (City, town, or county) Norway (State or foreign country) 7

MOTHER
14. Maiden name Kathryn Phiffer
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Albert L. Myers
(b) Address 2249 East 69th St. Ter. K.C. Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-3-47 (Month) (Day) (Year)
(c) Place: burial or cremation Osceola, Iowa.

18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address Kansas City, Missouri

19. (a) 2-1-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31 year 1947 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from Coroner, 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 Coronary insufficiency

Due to Arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death) 950

Major findings:
Of operations

Of autopsy no
Kistny & Impecten

Duration

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

23. Signature James C. Walker (M. D. ~~or other~~) Coroner

Address 1424 NY Mtg Date signed 2-1-47

(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 Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.