

FILED DEC 9 1947

Primary Registration District No. 3026

Registrar's No. 357

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

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Independence  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
806 West VanHorn Road  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 30 days  
(Specify whether years, months or days)

3. (a) PRINT Mary Etta Myers  
FULL NAME

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Milton J. Myers 6. (c) Age of husband or wife if alive 72 years  
7. Birth date of deceased April 21 1876  
(Month) (Day) (Year)

8. AGE: Years 71 Months 7 Days 8 If less than one day  
.....hr. ....min.

9. Birthplace Raytown Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business Home

MOTHER FATHER { 12. Name Jacob Crouse 4

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

14. Maiden name Mary D. Cox

15. Birthplace Raytown Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Thelma Myers

(b) Address Independence Mo.

17. (a) Burial (b) Date thereof 12/2/1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brookings Cem. Raytown

18. (a) Signature of funeral director W. B. Langford

(b) Address Lee's Summit Mo.

19. (a) 12-2-47 (b) Langford  
(Date received loc.) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48  
(c) City or town Lee's Summit  
(If outside city or town limits, write "RURAL")  
(d) Street No. 105 South Douglas  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29  
year 1947 hour 1 minute 05 P.M.

21. I hereby certify that I attended the deceased from 7-9 1947 to 11/29/1947 1947  
that I last saw h. ER. alive on 11/29/1947 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Periculous Anemia ?  
Duration ?

Due to.....

Due to.....

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: 13A  
Of operations.....

Of autopsy.....

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.....

23. Signature Philip J. Jager (M. D. 44188)

Address Lee's Summit Mo. Date signed 11/30/47

FEB 6 1948

FEB 1 6 1954

FEB 1 6 1955

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 *N. B. Langford*

Licensed Embalmer No. 7833

P. O. Address Lee's Summit 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.