

FILED FEB 3 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 255

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:  
1720 Jefferson Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 30 Years  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL") 8  
(d) Street No. 1720 Jefferson Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT

FULL NAME Lonnie M. Myers

3. (b) If veteran, name war None  
3. (c) Social Security No. 497-14-0096

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Unknown  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased April 4 1881  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>9</u>	<u>11</u>	hr. min.

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

10. Usual occupation Cook

11. Industry or business Self

MOTHER FATHER

12. Name Sallie Myers 9

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

14. Maiden name Jane Hughes 9

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

16. (a) Informant Mr. Jesse Myers

(b) Address 1720 Jefferson Street

17. (a) Burial (b) Date thereof 1-19-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Calvary: K.C. Kan.

18. (a) Signature of funeral director Weilert Funeral Home

(b) Address Kansas City, Mo.

19. (a) 1-19-48 (b) Gerardine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15th  
year 1948 hour 8:40PM minute M.

21. I hereby certify that I attended the deceased from 1948 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 Parasitic - pneumonia  
Due to acute dilatation of heart

Due to...  
Other conditions (include pregnancy within 3 months of death) 107

Major findings: Of operations...  
Of autopsy as above

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 Jane Walker (M. D. or other) Walker  
Address 1424 N. My Date signed 1-15-48

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

**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..... *Blaine E. Weiler*  
..... Licensed Embalmer No..... *4075*  
..... P. O. Address..... *R.C. 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.**