

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19604
Registrar's No. 2672

FILED JUL 3 1948
Registration District No. 949

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town H. C. Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
H. C. Tbc. Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 yrs - 2 da
(Specify whether years, months or days)

In this community 6 yrs.

3. (a) PRINT FULL NAME Betty Myers

3. (b) If veteran, name war no

3. (c) Social Security No. 491-10-4128

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife IVAR Myers 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased June 24 1918
(Month) (Day) (Year)

8. AGE: Years 30 Months - Days 2 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business -

12. Name D. S. Clisbee

13. Birthplace Polk County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Maude Davis

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

16. (a) Informant Dr. Myers

(b) Address 2809 2019 St

17. (a) Removal (b) Date thereof 6-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Joseph Mo

18. (a) Signature of funeral director Kenias Whidupada

(b) Address 1802 Union St Joseph Mo

19. (a) 6-26-48 (b) Eraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town H. C. Mo. 2
(If outside city or town limits, write "RURAL")

(d) Street No. 920 Paseo 8
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26th
year 1948 hour 8 minute 15-P.M.

21. I hereby certify that I attended the deceased from 11-1-47
to 6-26, 1948.

that I last saw her alive on 6-26, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmo. Tbc. Duration 5 yrs.

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy 158

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?

While at work _____ (Specify type of place)
(e) Means of injury _____

23. Signatur William David May (M.D. or other) MD
Address H. C. 3, Mo. Date signed 6-26-48

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 Robert Yapple
Licensed Embalmer No. 3308
P. O. Address St Joseph 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.