No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 27 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28944

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 998

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Sisters Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 45 minutes (Specify whether
In this community 45 minutes
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Doniphan 999

(c) City or town Hiawatha 14
(If outside city or town limits, write "RURAL")

(d) Street No. Hiawatha, Kansas
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Michael Martin Meyers

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased September (Month) 20 (Day) 1947 (Year)

8. AGE: Years 1 | Months 0 | Days 0 | If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Rolland Meyers
13. Birthplace Brown County (City, town, or county) Kansas (State or foreign country)

MOTHER
14. Maiden name Hazel Thompson
15. Birthplace Richardson County (City, town, or county) Nebraska (State or foreign country)

16. (a) Informant Rolland Meyers
(b) Address Hiawatha, Kansas

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/20/48 (Month) (Day) (Year)
(c) Place: burial or cremation Hiawatha, Kansas.

18. (a) Signature of funeral director Heaton-Bowman
(b) Address St. Joseph, Mo.

19. (a) Sept 22, 1948 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 20 year 1948 hour 2 minute 25 P.M.

21. I hereby certify that I attended the deceased from 9/20/48, 19..., to 9/20/48, 19...; that I last saw him alive on 9/20/48, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Skull fracture result of automobile accident

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Automobile Accident

(b) Date of occurrence 9-20-48

(c) Where did injury occur? Sparks (City or town) Kansas (County) 12 b (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? No (e) Means of injury Auto

23. Signature A. W. Bradford (M. D. ~~[illegible]~~)

Address Highland Kans (Date signed 9-20-48

Jefferson City Printing Co.

(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 William Spalding

Licensed Embalmer No. 4535

P. O. Address 319 S. 10th St. Joseph, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.