

No. 2  
4-5-43  
5-17-39  
I X36671

STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

29887

State File No. \_\_\_\_\_

**FILED OCT 1 1949**  
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3854

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:  
709 Washington Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community about 31 years  
years, months or days

3. (a) PRINT FULL NAME IRA MYERS

3. (b) If veteran, name war None

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: Feb. 7 1869  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>7</u>	<u>10</u>	_____ hr. _____ min.

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

10. Usual occupation: Laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name: George Myers

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

14. Maiden name: Mary Enlow

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

16. (a) Informant: Lewis Myers

(b) Address: 3602 1/2 Indep. Ave. K.C. Mo.

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof: 9-21-48  
(Month) (Day) (Year)

(c) Place: burial or cremation: Floral Hills

18. (a) Signature of funeral director: Weillert Funeral Home

(b) Address: 2332 Monitor Place: K.C. Mo.

19. (a) 9-21-48  
(Date received local registrar)

(b) A. Geraldine Holmes  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jacks on

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

(d) Street No. 709 Washington Street  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 17th  
year 1948 hour 8:10AM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 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 Atherosclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: Reputy Coroner  
(Include pregnancy within 8 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy: History & Inspection

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be ascribed 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? \_\_\_\_\_

23. Signature: A. E. Weillert  
Address: 2808 Main

\_\_\_\_\_  
(Specify type of place) (Means of injury)

\_\_\_\_\_  
(Date of death)

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

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**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. Willet*

Licensed Embalmer No.....

*4075*

P. O. Address.....

*K.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.**