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10-47
17-39
1-2000

FILED DEC 4 1948 49

Registration District No. 1119

Primary Registration District No. 1002

Registrar's No. _____

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

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:
6121 SOUTH BENTON
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 24 YEARS
years, months or days

3. (a) PRINT FULL NAME MRS. DRA JONES MYERS

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife MR. LOWRY E. MYERS

6. (c) Age of husband or wife if alive 88 years

7. Birth date of deceased OCTOBER 8 1866
(Month) (Day) (Year)

8. AGE: Years 82 Months 1 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation AT HOME

11. Industry or business _____

12. Name DR. WILLIAM HENRY JONES

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

14. Maiden name ERBIA STRINGER

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

16. (a) Informant Mrs. Grace E. Grace

(b) Address 4502 Mill Creek

17. (a) burial (b) Date thereof 11-17-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation memorial

18. (a) Signature of funeral director D. W. Newsome's Sons

(b) Address 1401 BRUSH CREEK BLDG

19. (a) 11-16-48 (b) Heddine Holmes
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 6121 SOUTH BENTON
(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 15TH
year 1948 hour 7 minute 35 A.M.

21. I hereby certify that I attended the deceased from October 28, 1947 to November 15, 1948
that I last saw h _____ alive on _____, 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the left lung Duration months

Due to _____

Due to 47.2

Other conditions Hypertensive
(Include pregnancy within 3 months of death) Cardiovascular disease

Major findings: PHYSICIAN
Of operations _____

Of autopsy Carcinoma of left lung
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?
Jesse D. Rising
(Specify type of place) _____
While at work? _____ (b) Means of injury _____

23. Signature Jesse D. Rising (M. D. or other) M.D.
Address 1103 Grand Date signed 11-15-48

1.5.30

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..... *Edward M. Storey*

Licensed Embalmer No. *4452*

P. O. Address..... *K. C. 4 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.