

FILED JAN 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40283

5384

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.		
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON				
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) OR TOWNSHIP unknown		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY				
d. FULL NAME OF HOSPITAL OR INSTITUTION 6400 St John				d. STREET ADDRESS (If rural, give location) 6400 ST JOHN				
3. NAME OF DECEASED (Type or Print) NICHOLAS			a. (First)		b. (Middle)		c. (Last) MYERS JR.	
4. DATE OF DEATH DEC 31-48		5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		
8. DATE OF BIRTH JAN. 21, 1885		9. AGE (in years last birthday) 63		Months 11		Days 10		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Caretaker		10b. KIND OF BUSINESS OR INDUSTRY GRAY STADIUM		11. BIRTHPLACE (State or foreign country) Dublin Ireland		12. CITIZEN OF WHAT COUNTRY? AMERICA		
13a. FATHER'S NAME NICHOLAS MYERS SR.			13b. MOTHER'S MAIDEN NAME BRIDGET FAHER			14. NAME OF HUSBAND OR WIFE NONE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NONE		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ROBERT F. MYERS, 8725 Thompson, K.C., Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Burned to death in home 6400 St John Kansas City, Mo ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Inspection Only					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT! SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City, Jackson, Mo				
21d. TIME OF INJURY 12 31-48 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? House burned				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE H. H. Owens, Jr. (Degree or title) Coroner				23b. ADDRESS 1034 Rialto Bldg		23c. DATE SIGNED 12-31-48		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 1-3-49		24c. NAME OF CEMETERY OR CREMATORY Mt. Washington		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		
DATE REC'D BY LOCAL REG. 12-31-48		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Leo C. Cannon		ADDRESS Independence, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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

Body Not Embalmed

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

R. A. Lisle

Licensed Embalmer No. *4123*

P. O. Address

Independence, 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.