

FILED APR 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8548

State File No.

| | | | | | | | |
|---|--|---|--|---|--|--|--|
| BIRTH NO. | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>1149</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | c. LENGTH OF STAY (In this place) <u>45 YRS.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | d. STREET ADDRESS (If rural, give location) <u>207 No Wheeling</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>207 No Wheeling</u> | | | | d. STREET ADDRESS <u>207 No Wheeling</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>IDA</u> b. (Middle) <u>*</u> c. (Last) <u>MYERS</u> | | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 10 1949</u> | | | |
| 5. SEX <u>fe /</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>wid</u> | | 8. DATE OF BIRTH <u>Sept 26 1863</u> | |
| 9. AGE (In years last birthday) <u>85</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>home maker</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Collinsville Ill /</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | | 13a. FATHER'S NAME <u>Israel Fairchild</u> | | | |
| 13b. MOTHER'S MAIDEN NAME <u>Mary Horstman</u> | | | | 14. NAME OF HUSBAND OR WIFE <u>John C.</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | | | 16. SOCIAL SECURITY NO. <u>-</u> | | | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. K.A. Leslie</u> | | | | ADDRESS <u>207 N Wheeling</u> | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Bronchial Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Left Ventricular Failure</u> + chr DUE TO (c) <u>General Arteriosclerosis Myocarditis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4221</u> | | | |
| 19a. DATE OF OPERATION | | | | 19b. MAJOR FINDINGS OF OPERATION | | | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>2-24</u> , 19 <u>49</u> , to <u>3-10</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3-8</u> , 19 <u>49</u> , and that death occurred at <u>1:50 P m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>P. A. Kienberger</u> (Degree or title) | | | | 23b. ADDRESS <u>5242 St John</u> | | 23c. DATE SIGNED <u>3-11-49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>2-12-1949</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt Hope</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City Kansas</u> | |
| DATE REC'D BY LOCAL REG. <u>3-12-49</u> | | REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>C.H. Blackman & Son, Inc</u> Kansas City Mo | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Kneiberg
5242 St. John
Be 0141 11 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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

O. K. McFarland

Signed _____

Student Embalmer

Licensed Embalmer No. *4397*

P. O. Address: *Kansas City*

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.