

FILED AUG 21 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 26970
 Registrar's No. 3433

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
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>LIFE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		<u>55</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2117 EAST 38TH STREET</u>				d. STREET ADDRESS (If rural, give location) <u>2117 EAST 38TH STREET</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIZABETH</u>		b. (Middle) <u>MAY</u>		c. (Last) <u>MEYER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. - 7 - 1949</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL - 26 - 1884</u>	9. AGE (In years last birthday) <u>65 yr</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>James Mason Hart</u>		13b. MOTHER'S MAIDEN NAME <u>Annabaseline Story</u>		14. NAME OF HUSBAND OR WIFE <u>LOUIS F. MEYER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>497-14-4003</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>LOUIS F. MEYER 2117 EAST 38TH STREET KANSAS CITY, MO.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Stenosis - Ventricular Fibrillation</u> INTERVAL BETWEEN ONSET AND DEATH <u>15-20 yrs</u> ANTECEDENT CAUSES <u>Hypertension</u> <u>Rheumatic Heart Disease</u> DUE TO (b) _____ DUE TO (c) <u>Arterio-sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Probable Ventricular fibrillation</u> <u>Causing - sudden death.</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) <u>41124</u> (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>Jan 4, 1949</u> to <u>Aug 7, 1949</u> , that I last saw the deceased alive on <u>July 28, 1949</u> and that death occurred at <u>2:15 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Don Carlos Peete, M.D.</u> (Degree or title)				23b. ADDRESS <u>1500 Prof Bldg</u>		23c. DATE SIGNED <u>8-8-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 9, 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington</u>		24d. LOCATION (City, town, or county) (State) <u>K.C. MO.</u>		
DATE REC'D BY LOCAL REG. <u>8-9-49</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer, Sons</u>		ADDRESS <u>1331 GRUSH CREEK BLVD KANSAS CITY, MO.</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

1:30 - 5:15 P.M.

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.

Student
Student Embalmer

Signed _____

Robert Ray

Licensed Embalmer No. 4182

P. O. Address Kansas City, 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.