

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13131**

Registrar's No. **1554**

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

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 1554	
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 township) KANSAS CITY		c. LENGTH OF STAY (in this place) 30 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		d. STREET ADDRESS (If rural, give location) 700 WEST 47TH STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION 700 WEST 47TH STREET				d. STREET ADDRESS 700 WEST 47TH STREET			
3. NAME OF DECEASED (Type or Print) JOSEPHINE MEYERS			4. DATE OF DEATH (Month) (Day) (Year) MARCH 31-1950				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APR. 3-1902	9. AGE (In years last birthday) 47 YEARS	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 14 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) LEXINGTON MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME PETER STROMBERG		13b. MOTHER'S MAIDEN NAME CHARLOTTE ERICKSON		14. NAME OF HUSBAND OR WIFE ROSS B. MEYERS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME ROSS B. MEYERS		ADDRESS 700 WEST 47TH ST. KANSAS CITY, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Heart from drowning ANTECEDENT CAUSES Flood pushing me into water Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ----- DUE TO (c) -----				INTERVAL BETWEEN ONSET AND DEATH 90 22	
18. CAUSE OF DEATH		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 123				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 (Month) (Day) (Year) (Hour) 3:31-50		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? drowned in bath tub.			
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 6:40 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE GEO. C. Kealhofer (Degree or title)				23b. ADDRESS 3447 Piedmont St. C. Mo.		23c. DATE SIGNED 4-1-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24b. DATE APR 3-1950		24c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 4-3-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer's Sons ADDRESS 1331 BRUSH CREEK Blvd KANSAS CITY, MO.			

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 _____

Albert L. Savage

Student Embalmer No. *360*

working under my personal supervision.

Student *Albert L. Savage*
Student Embalmer *360*

Signed *John C. Fraking*

Licensed Embalmer No. *4487*

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.