

FILED JUN 13 1952

STANDARD CERTIFICATE OF DEATH

State File No. 2441

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>	
c. LENGTH OF STAY (in this place) <b>47 YEARS</b>		d. STREET ADDRESS (If rural, give location) <b>1516 BELMONT AVENUE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1516 BELMONT AVENUE</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>MYRTLE</b>	b. (Middle) <b>HESTER</b>	c. (Last) <b>MYERS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>MAY. 26. 1952</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JULY 25 - 1895</b>	9. AGE (In years last birthday) <b>56</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>CASSVILLE, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>ISAAC LEE</b>	13b. MOTHER'S MAIDEN NAME <b>ELIZABETH A CLEVENGER</b>	14. NAME OF HUSBAND OR WIFE <b>LINCOLN NEBRASKA MYERS</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>494-12-8168</b>	17. INFORMANT'S SIGNATURE OR NAME <b>LINCOLN NEBRASKA MYERS</b>	ADDRESS <b>1516 BELMONT KANSAS CITY, MO</b>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis, chronic</b>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <b>Years</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Age</b>		
	DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <b>Anemia (metabolic)</b>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **May 24, 1952** to **May 26, 1952**, that I last saw the deceased alive on **May 25, 1952**, and that death occurred at **7:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Frank A. Northrup</b> (Degree or title)	23b. ADDRESS <b>6044 1/2 Truman Road</b>	23c. DATE SIGNED <b>5-26-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>MAY 29 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MT. WASHINGTON CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>5-29-52</b>	REGISTRAR'S SIGNATURE <b>Geraldine Holman</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>H. Newcomer's Sons</b>	ADDRESS <b>1331 SAUGH CREEK KANSAS CITY, MO.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

1-6  
60447/2  
Jimmie  
Hall

**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.