

FILED FEB 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

4986

325

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No.		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)				
a. COUNTY Jackson		b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		d. STREET ADDRESS (If rural, give location) 1015 E. Armour		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1015 E. Armour		c. LENGTH OF STAY (In this place) 25 yrs.		a. STATE Missouri		b. COUNTY Jackson		
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX		
a. (First) ROBERT			b. (Middle) FRANKLIN			c. (Last) MYERS		
6. COLOR OR RACE white			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married			8. DATE OF BIRTH Oct. 8, 1900		
9. AGE (In years last birthday) 54			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Buyer - J.F. Pritchard Co. Engineering & Const.			11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Kansas		
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Chester F. Myers			13b. MOTHER'S MAIDEN NAME Lavenia Meade		
14. NAME OF HUSBAND OR WIFE Mary Eleonora Myers			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. 442-05-8334		
17. INFORMANT'S SIGNATURE OR NAME Mary Eleonora Myers			18. CAUSE OF DEATH			19. ADDRESS 1015 E. Armour		
18. CAUSE OF DEATH			MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of neck.					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES					
			DUE TO (b) _____					
			DUE TO (c) _____					
			II. OTHER SIGNIFICANT CONDITIONS				1991	
			Conditions contributing to the death but not related to the disease or condition causing death.					
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)			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 _____, 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. L. Dwyer - Health Officer M.D.					23b. ADDRESS City Hall		23c. DATE SIGNED 1-24-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial			24b. DATE 1-24-55		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Kansas City, Kansas	
DATE REC'D BY LOCAL REG. 1-24-55			REGISTRAR'S SIGNATURE Neva Minshall			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE UND. CO. K.C.Mo.		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
H. L. Dwyer

H. W. Meyer —

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 *J. S. Walton* _____

Licensed Embalmer No. *2744* _____

P. O. Address *D. C. 710* _____

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.