

FILED OCT 11 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31057
Registrar's No. 3620

Registration District No. 399

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7321 Myrtle
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 54 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME William Henry Myler

3. (b) If veteran, name war - No 3. (c) Social Security No. No -

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Elvesa Myler 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 12, 1857
(Month) (Day) (Year)

8. AGE: Years 83 Months 1 Days 2 If less than one day
hr. _____ min. _____

9. Birthplace Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Rock Crusher Laborer

11. Industry or business Retired

12. Name Robert Myler

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Martha Bean

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer Myler

(b) Address 7321 Myrtle

17. (a) burial (b) Date thereof 9/16/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director R. V. Lindsey & Sons

(b) Address 3811 Broadway

19. (a) Sept. 16, 1940 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 7321 Myrtle
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14th
year 1940 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on Sept 11, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis
senility
Due to age

Due to _____

Other conditions (include pregnancy within 3 months of death) 9375

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury !

23. Signature D. R. Hawthorn (M. D. or other) _____

Address 7131 Prospect Date signed 9-17-40

PHYSICIAN

Underline the cause to which death should be charged statistically.

Permit

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

Edison H. Peters

Registered Apprentice No. *271*

working under my personal supervision.

Signed

Joseph Heeler

Licensed Embalmer No. *3738*

P. O. Address *NC MD*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.