

FILED MAY 5 1944

State File No. 1828

Registrar's No.

Registration District No. 49

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town K.C. Mo  
(c) Name of hospital or institution St Mary's Hospital  
(d) Length of stay: In hospital or institution 2 1/2 hrs. 9"  
In this community 21 hrs 9 min  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson  
(c) City or town K.C. Mo  
(d) Street No. 4020 Walnut  
(e) Citizen of foreign country? No  
If yes, name country

3. (a) PRINT FULL NAME Kay Ruth Meyer

3. (b) If veteran, name war - No  
3. (c) Social Security No. None

4. Sex Female  
5. Color or race W  
6. (a) Single, widowed, married, divorced N.B.

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

7. Birth date of deceased 4-24-44  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
21 hr. 9 min.

9. Birthplace K.C. Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation New born

11. Industry or business

12. Name Sam A Meyer Jr.  
13. Birthplace Harrisonville Mo  
14. Maiden name Norma Ruth Kessler  
15. Birthplace Stewartville Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Sam Meyer

(b) Address 4020 Walnut Kemo

17. (a) Removals, 1944 (b) Date thereof 4-26-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stewartville, Mo.

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 4-26-44 (b) N. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 25  
year 1944 hour 6 minute 00 P.M.

21. I hereby certify that I attended the deceased from 4/24/44, 1944 to 4-25-44, 1944  
that I last saw her alive on 4-24-44, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death moderate Hydrocephalus Spina Bifida

Due to

Due to

Other conditions (include pregnancy within 3 months of death) 1570

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 J. C. Carr MR (M. D. or other)  
Address Plaza Mo Date signed 4/24/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed John H. Hurley

Licensed Embalmer No. 4256

P. O. Address Jansen 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.**